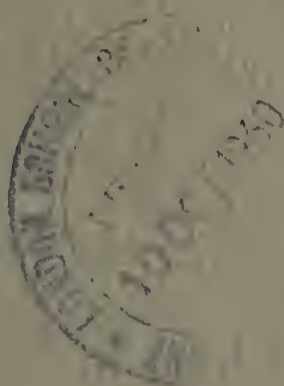


491

COUNTY COUNCIL OF SALOP



ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER
OF HEALTH

1959



COUNTY HEALTH OFFICES · COLLEGE HILL · SHREWSBURY

September, 1960



"Shrewsbury Chronicle" Photograph

The fifth National Competition for Ambulance Teams, organised by the National Association of Ambulance Officers and held at the Police College, Ryton-on-Dunsmore on 20th September, 1959, was won by a Shropshire team. Shropshire have won five of the six Regional Competitions and have participated in the National final on three previous occasions.

On 12th October, 1959, a ceremony and celebration was held by the County Council at Ambulance Service Headquarters, Shrewsbury, and the Shropshire team are seen above handing their trophy to the Chairman of the County Council. From left to right : Shift Leader W. J. Hodges, W. Walker (County Ambulance Officer), Captain Sir Offley Wakeman, Bart., C.B.E., J.P., D.L., (Chairman of the County Council), Driver-Attendant M. M. Stone, A. Orton, M.B.E. (President of the National Association of Ambulance Officers) and G. C. Godber (Clerk of the County Council).



"Nursing Mirror" Photograph

Long Service Badges (for 21 years' service) awarded by the Queen's Institute of District Nursing were presented by H.R.H. The Princess Alice, Countess of Athlone, G.C.V.O., G.B.E., President of the Institute, at St. James's Palace, London, on 17th November, 1959, to 130 Queen's Nurses, including four representatives from Shropshire.

Pictured above after the presentation are (from left to right) Miss M. Ibbetson (Nurse-Midwife, Hinstock), Miss R. M. Hughes (Deputy Superintendent Nursing Officer), Miss F. M. Rogers (Superintendent Nursing Officer) and Dr. T. S. Hall (County Medical Officer of Health).

CONTENTS

Introduction	<i>Page</i> 2
Health Committee and Sub-Committees	7
Staff	8
District Medical Officers of Health	9
Administration	10
Vital Statistics	10
Infectious Diseases	21
Venereal Diseases	22
<i>Local Health Services : National Health Service Acts, 1946—57 :</i>	
Section 22: Care of Mothers and Young Children	23
Nursing Staff and Services	31
Section 23: Midwifery	32
Section 24: Health Visiting	37
Section 25: Home Nursing	38
Section 26: Vaccination and Immunisation	43
Section 27: Ambulance Service	51
Section 28: Prevention of Illness, Care and After-Care	54
Section 29: Domestic Help	64
Section 51: Mental Health	66
Registration of Nursing Homes	73
Nurseries and Child Minders Regulation Act, 1948	73
National Assistance Acts, 1948—59: Welfare Services	74
Inspection and Supervision of Foods	75
Sanitary Circumstances	83
Local Government Act, 1933: Section 111	97
<i>Statistical Tables :</i>	
I Population, acreage and density of population	97
II Births, deaths and infantile mortality	98
III Causes of death—Sanitary districts	99
IV Causes of death—Sex and age groups	100
V Notifiable infectious diseases	101
VI Domiciliary confinements	102
VII Home Nursing—Cases attended	103
VIII Home nursing cases—Analysis by sex and age groups	104
IX Home nursing—Analysis of completed cases	105
X Housing—Summary of answers to questionnaires	106
General Index	107

TO THE CHAIRMAN AND MEMBERS OF THE SALOP COUNTY COUNCIL

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report of the Council's Health Department for the year 1959.

Vital Statistics. Among the early tables the figures in Table 4 show that there has been little reduction in the Stillbirth rates over the last fifteen years; Tables 5 to 9 show on analysis a rise in infant mortality and neonatal death rates. These uncomfortable facts remind us that perinatal mortality is not improving; this national phenomenon is the subject of present studies.

There were no maternal deaths in Shropshire in 1959.

In Tables 12 to 17 we can note among the Principal Causes of Deaths that the number of deaths from accidents, whether motor or other kinds of accident, show no improvement.

Besides 41 suicides—about 25 per cent more than in 1958 and 1957—other evils which might be preventable in lesser or greater degree but which are contributing substantially to the numbers of deaths are Coronary Disease (534), Lung Cancer (81), Bronchitis (159) and Accidents (107).

Seventeen deaths from Tuberculosis (Table 15, page 16), include 14 persons who died after having been notified as Tuberculous—perhaps many years after. If the patient were known to have had Tuberculosis the fact would be likely to find its way on to the death certificate; 13 of the 17 deaths were of persons over 45 years of age, and 8 of these were over 65.

The trend towards fewer *notifications* of new cases is a novelty long looked for and it will be most encouraging if it is maintained. Since B.C.G. acceptance is so high (90 per cent) and affords good protection, this may be anticipated with reasonable confidence.

Cancer caused one-sixth of all deaths. Rather more than one-sixth of all Cancer deaths are from Cancer of the Lung or Bronchus. Research strongly suggests that smoking is an important factor; but the average citizen seems unimpressed and to prefer to smoke. The ratio of deaths from lung cancer of males in the 45—65 age group jumped from 1 in 11 (in 1958) to 1 in 8 (in 1959).

Infectious Diseases. Tuberculosis has already been referred to above.

For Poliomyelitis (page 21) 7 cases against 16 in 1958, and no fatal cases in 1959 is encouraging. While we know that vaccination affords very substantial protection, probably well over 80 per cent over some years, it is unwarranted to attribute improvement to this alone. Of the 7 cases notified, four only were Paralytic, and of these three were unvaccinated. All made good recoveries and that this was so, and that there were only three (mild) paralytic cases *even among the unvaccinated* shows that the general incidence of the disease was low in Shropshire as in England. We cannot claim that Poliomyelitis is under control.

Nearly 4,000 cases of Measles were notified—a 'big' Measles year—but no death resulted.

No case of Smallpox or Diphtheria was notified; and no fatality resulted from Dysentery, Whooping Cough, Food Poisoning or Scarlet Fever.

The Care of Mothers and Young Children is dealt with on pages 23 to 31. Babies born at home in 1959 were nearer one-third than one-half of all births.

Page 26 (and also page 42) include notes on the transfer of premature babies to hospital, urgency, etc. Dr. Mary Crosse wrote spontaneously saying "We are always very pleased with the way the Shrewsbury babies come in" at her Birmingham Unit. Complaints are occasionally made of unwarranted delays, and some recent ones, quite untrue, were actually made to a third body. If a doctor feels the Ambulance Service has proved inadequate, he should tell Mr. Walker or myself at once. Allegations (often second or third hand) about incidents of some months previously are less easy to verify, though we keep careful records.

The work of Child Welfare Centres (page 28) and Health Visitors (page 38) is comprehensive, and recent suggestions that we know nothing about these children are ridiculous.

The Principal Dental Officer says that the home dental care of toddlers is appalling (page 30) and he advocates Fluoridation.

Nursing Staff and Services are dealt with on pages 31 and 32 and give us the opportunity here to congratulate Miss Rogers, our Superintendent Nursing Officer, her Deputy, Miss Hughes, Miss Gledhill of Shrewsbury and Miss Ibbetson of Hinstock who attained in 1959 their majority as Queen's Nurses. The occasion of the presentation of their long service awards by the President of the Queen's Institute of District Nursing, H.R.H. Princess Alice, Countess of Athlone, G.C.V.O., G.B.E., on 17th November, 1959, which is the subject of our frontispiece, was made the happier in that we had the honour of being presented to Her Royal Highness by the Dowager Lady Rayleigh, Chairman of Council of the Queen's Institute, who is our local patron and a member of the Shrewsbury Group Hospital Management Committee.

Domiciliary Midwifery is always a subject of interest in a Rural County and a review of the comprehensive work of Salop Midwives is given on pages 32 to 37. The Shropshire doctors acknowledge and are not without a certain pride in the high standard of their midwifery work.

The findings of the Cranbrook Committee who reported early in 1959 were reviewed at some length in my Annual Report for 1958, since the publishing of any Annual Report is necessarily delayed until about the middle of the year following.

Review by professional Associations of Midwives and Doctors has continued, but compromise modifications of its compromise recommendations seem likely to obtain generally. The trinity of Hospital, Local Authority and General Medical Services seem to work in reasonable unity in Shropshire, perhaps in proportion as we tell each other at an early stage of anything that is in our minds. The alleged disadvantages of the tripartite system are greatly exaggerated by critics: Hospitals and Specialists, Local Authorities and Midwives, and General Practitioners were providing different services long before the appointed day in 1948. All have capacities for working together for the good of the patient and public, and most exercise their capacities sensibly, no less so, and probably more so, in Shropshire than elsewhere.

The Cranbrook Committee's recommendations for more confinements in hospital than in patients' homes were unwelcome to many Practitioners and others who afford a good domiciliary service: many feeling that sterility and safety in hospital may sometimes be dearly bought if less impersonal and more sympathetic attention can be easily given to normal patients in their own homes: and such will regret the steady fall in numbers confined at home (Tables 44 and 46 on pages 34 and 36).

Handicapping all Midwifery services is the apparently almost insuperable shortage of midwives willing to practise as such.

Health Visiting. The rôle of the Health Visitor was given some attention in my Annual Report for 1958.

That the County Council are responsible for Domiciliary Personal Services seems little understood outside Local Government circles; that this is so may be the fault of Departments like my own. So for those who are interested I have written some elaboration of this thesis on page 38 though the position may be simply expressed by reiterating that, whoever else would like to engage in this work *additionally*, the County Council as Education and Local Health and Welfare Authority must continue responsible for providing and administering these services until Parliament tell them to stop.

Home Nursing. That fewer visits were paid is, alas! more a measure of the shortage of woman power than shortage of need. Nor do statistics tell all. Nothing is recounted of the perpetual struggle carried on by Miss Rogers, our Superintendent Nursing Officer, to keep the Nursing Service going and every need supplied. It is only done by constant thought and care, and the problems of the Superintendent Nursing Officer are unending. The patience and equanimity with which she meets these crises seem proof against shocks, and are reflected in the humanity which nurses extend to their patients at home; the story on page 39 is an encouraging example of good human relationships which will, I hope, be read by everyone who receives this Annual Report.

Patients aged 65 or over were nearly 44 per cent of those attended; and received 64 per cent of the visits paid: Tables 51 on page 39 and 52 on page 40 are of interest, and Table VIII on page 104 gives more detail.

Vaccination and Immunisation are given some considerable space in this report as they loom large nowadays in our commitments. The addition of B.C.G. and Polio vaccinations to the protective procedures afforded to children caused initial dislocation of other school health and infant welfare work, and this had to be accepted philosophically, even to the temporary sacrifice of good degrees of protection against Diphtheria and Whooping Cough. These new undertakings were introduced with commendable efficiency and smoothness of working by the good offices of all concerned under the general direction of Dr. Crowley, and it seems likely that they may take a more routine place henceforward. Already it is agreeable to note that Diphtheria and Whooping Cough protections are being overtaken again, as some figures on pages 44 and 46 show.

Protection against Tetanus has a substantial subsection to itself, which may be read in pages 48 and 49 by those interested.

Triple Antigen (page 49) is still the aspiration as it is the practice of many, not excluding conspicuous Local Health Authorities, and (one believes) large parts of the Western Hemisphere. An ex-cathedra pronouncement of the Medical Research Council may one day raise the ban they advocated in 1956. Meanwhile it remains at the Practitioner's discretion what he gives and when, though the optimum times for giving the several antigens can hardly be satisfied with an omnibus preparation: that the only death of a child from Whooping Cough in the last 5-year period occurred in an unvaccinated infant at the age of one month (page 47) reminds us that Whooping Cough Vaccine should be given early: Diphtheria Antigens are more effective several months later. Meanwhile we have promised practitioners that we will try to give a card record to each patient on completion of each immunisation procedure and to advise the patient to show such record to his family doctor, and to carry it thereafter.

Ambulance Services. On Sunday, 20th September, 1959, the County Ambulance Service, in the persons of Shift Leader W. J. Hodges and Driver M. M. Stone brought honour to the County by winning the National Competition for Ambulance Services, open to Local Health Authority teams from England and Wales.

This national victory crowned a period during which a Shropshire team had won the Regional trophy for the Midlands five times in 6 years : and was generously acknowledged by the Council when a ceremonial handing over was celebrated at the Depot on 12th October, 1959. Our frontispiece shows the Chairman of the Council congratulating the winners.

Tributes too were very properly accorded on this occasion to the National Association of Ambulance Officers for their admirable work in furthering Local Authority Ambulance Services and Training, which has attracted the notice and acknowledgment and appreciation of the Birmingham Institute of Accident Surgery and of the Ministry of Health. The County Ambulance Officer, who reports with characteristic modesty on pages 51 to 54, was President of the National Association in 1954, and (despite his team's victories) seems to retain the Association's complete confidence as evidenced by his annual re-election as their Competition Secretary, even in 1960.

The several Tables set out on pages 52 to 54 give ample evidence of the Council's Ambulance work ; the simple graphs on page 55 show that 83 000 patients were carried over a million miles, but that the figure for 'miles per patient' continues to fall, which we hope evidences sound and economical administration.

Prevention, Care and After-Care. Tuberculosis is dealt with in detail on pages 54 to 59, and the accent in Local Health Authorities' work is on Prevention and After-care.

The Report contributed by the Consultant Chest Physician is encouraging, and looks forward to still better results now that Salop has become an Attested Area.

We continued to enjoy throughout the year the close and friendly co-operation of Dr. Myres and all his staff.

The account of B.C.G. vaccination in 1959 is full and interesting and merits close study by all who are interested in Preventive work against Tuberculosis in the adolescent.

Twice as many children had routine tests in 1959 as in the previous year (page 57). A 90 per cent acceptance rate is a satisfactory figure evidencing that the public appreciate the Service.

The refinements of the follow-up of the "strongly positive" reactors are elaborate, and that these tests (on what one may assume to be particularly susceptible children and their contacts) brought to light in connection with the 335 children followed up in 1958 and 1959 five active respiratory cases, three children and two parents, shows the value of the work. Excluding the contacts, this is a 'discovery rate' of 9 per 1,000 pupils as contrasted with a rate of 1.34 per 1,000 pupils or 0.92 per 1,000 of pupils plus contacts investigated for all positives (page 58) and a rate of 0.78 per 1,000 in the almost wholly routine Mass Miniature Radiography surveys reported on page 57.

There is ample recent authority for recording that both the Mass Miniature Radiography and the other follow up processes described do *not* carry any significant risks from radiation to those examined.

As regards Registers, one has not been greatly disturbed that the total number of notified cases of Tuberculosis has increased year by year until now, since this has been due to longer—one might say indefinite—survival under modern treatment of those infected. In 1959, however, the numbers for that year *fell*, and study of Table 87 shows a striking contrast between the fewer cases added and additional cases removed in 1959 compared with 1958, and the totals on the Registers are smaller at the end of the year than at the beginning.

For after-care work the Voluntary Care Committee continued its most valuable work (page 59). Their Chairman, Major R. Deedes, G.C., and Hon. Treasurer, Mr. Gilbert Smith, have given generous support to the officers—Miss E. Thomas as Welfare Officer and Mr. T. R. Blythe as Secretary—seconded by the County Council in furtherance of this work.

Health Education is urged ; it is pursued increasingly and attention is directed notably to accident prevention. Messrs. Blythe and Harris continue good work on this important subject with conscientious determination and their report on pages 59 to 62 is of interest.

Some philosophical observations on the work of the National Society for the Prevention of Cruelty to Children's Visitor were made at length in my report for 1958 and though still applicable are not repeated this year, save that I here reiterate my appreciation of her good and exacting and unobtrusive work.

The Marie Curie Fund for Cancer Patients still excites my admiration and shows signs of further expansion as I write in 1960.

For the better information of the public, Practitioners, Almoners and Social Workers of all kinds, the survey of the Council's commitments under Section 28 of the National Health Service Act, 1946, fills pages 54 to 64 and shows how much is done. Table 92 on page 64 is notable, and even I was surprised to see that we issued 10 'Patient Lifters' and 42 Dunlopillo mattresses, 316 rubber sheets and 106 wheel chairs in 1959. These must represent increased comfort for patients and relief of strain for nurses and relatives. Apart from humanitarianism their use is economically sound. When I demonstrated a 'Hoyer lift' to the Health Committee, a member asked "What can this do that can't be done by other means ?" One could answer that it lifts patients higher and moves them more easily and further without inducing more prolapsed discs in nurses and relatives : such appliances are part of modern automation, like combine-harvesters and "O and M" ; we are so short of nurses that these practical aids are necessary economies.

The provision of recuperative convalescence is arranged by the Health Department and this and other after-care work remain functions of the County Council which need not absorb too great a proportion of the Hospital Almoner's time. In a County of 860,000 acres it is better for domiciliary work to be done by the statutory workers already on the spot for that purpose: thus are travelling and time and duplication avoided. Problems referred from any source are usually dealt with that day. Eager as I am to investigate any allegations and complaints to improve our Services, I hear of few delays or failures attributable to our Departmental Services.

Domestic Help Service. Details of the considerable work of the County's Home Help Service, given on pages 64 to 66, are relevant in this same connection. The numbers helped and hours worked increased substantially in 1959 as is usual, and the increasing cost of the Service makes vigilance necessary by their officers to ensure that the Council's interpretation of need is being observed. One very persistent appellant made representations of our lack of sympathy to and through nearly every conceivable channel, but the Health Committee consistently supported the Departmental Officers as interpreting their wishes aright. Conversely, I will record that an appeal by an official for lenient interpretation of rules or conventions on behalf of an individual case is likely to receive most sympathetic consideration from Committees and Council, and some imaginative and generous decisions of this nature stand as evidence against any charge of lack of their generosity in administering this vitally important Service.

Mental Health Service. Great interest naturally attended the passage through Parliament of the Mental Health Bill, which reached the Statute book as the Mental Health Act on 29th July, 1959, though many of its provisions await an 'appointed day' for their application.

Methods of administering Mental Health Services may doubtless continue to improve, though the patients and their diseases and the doctors and others who will minister to them are likely to retain their individual characteristics much as they did before.

Meanwhile the Council have more than doubled their establishment of Mental Welfare and other related officers in anticipation of new commitments in this field, notably under the new Act and in respect particularly of the great expansion effected and planned for the Council's Training Centres for the mentally subnormal and severely subnormal. What is a most pressing problem at the time of writing this foreword is the difficulty these nine officials will have working in the present 300 square feet available for them. Our accommodation has long been inadequate, and in 1960 it has become well nigh impossible.

Training Centre facilities at Wellington and Sutton Lodge, Shrewsbury, are noted on pages 69 and 70 and the Council's proposals for future development are given in full for general information and represent a very substantial contribution to the well being of the mentally handicapped locally.

The Welfare of Handicapped Persons under the National Assistance Act, 1948, is the responsibility of the County Welfare Committee, and some particulars of this work are included at pages 74 and 75 by courtesy of the County Welfare Officer, whose continued co-operation is acknowledged with appreciation.

It is notoriously hard to obtain reliable information about the incidence of such disabilities as Epilepsy and Spastic Paralysis in adults; and it is hoped that the School Health Service, who should know of every case, may be able to persuade those affected to register as handicapped persons under the appropriate Act when they leave school, so that the patient and the community may benefit from the fuller knowledge available to the County Welfare Department. On page 75 there is allusion to this.

Food and Drug Sampling. The excellent work of the County Sanitary Officer and his Deputy, while usually carried out modestly and unobtrusively, nevertheless occupies an important place in the County Health Services and in this report on pages 75—97.

During 1959 effective control over *Food and Drug Sampling* proceeded according to a deliberate and considered programme. Milk samples were taken on a fairly comprehensive scale, and over 1,200 were tested in the Health Department's own 'laboratory', where remarkably accurate scientific work was carried out in somewhat makeshift accommodation and at very considerable saving to ratepayers, as described in the section on pages 75—83.

In these latter pages a good deal of explanatory detail of modern terminology has been included for record purposes and to meet special requests and enquiries. Such terms as 'Channel Island Milk', special designations such as 'Pasteurised', 'Attested Areas' (referring to all the cattle in the County as from 1st October, 1959), 'Specified Area' (referring to the whole of the County probably from October, 1960, whereby only 'designated' milk may be sold for retail for human consumption other than for catering sales) are all set out with some detail on pages 81—83 and the sampling tests carried out are described and listed. All these new procedures and new legislation undoubtedly make milk safer, if proper vigilance is conscientiously exercised. Although aimed largely at combating Tuberculous infection, the latter is not the only disease which can be conveyed by milk; some acute infections and some very insidious and tedious ones can equally be and are transmitted in this way with danger to health. Pasteurising of milk makes these real risks negligible, that is why we recommend it and as far as possible insist on it for school milk supplies (pages 80 and 81) and, as well as recommending all consumers to prefer it, we try to ensure by testing (as evidenced in Tables 117 and 118 on page 81 and Table 119 on page 83) that pasteurisation is effectively carried out.

The Sanitary Circumstances of the County are the subject of the later pages of this Report from page 83 onwards, and make rather sad and disappointing reading.

The County Council, as Local Health Authority, have responsibilities for Personal Services to mothers and babies, school children, patients requiring home nursing and midwifery, or ambulance transport—services, in other words, to individual people. For Environmental Hygiene the several District Councils are primarily responsible, and in this sphere Shropshire has much leeway to make good, for present conditions leave much to be desired.

Local sanitary matters are for the local District Councils to deal with. Yet the County Medical Officer is charged with overall responsibility for all matters affecting or likely to affect the public health in the County, and he cannot but acknowledge and express concern about the situations evidenced in these factual records and reports, though personal relationships between officers of County and District Council Health Authorities are generally good and it would be regrettable if County Council representations intended to be constructive were regarded as interference.

Some District Councils are conspicuously trying hard to effect and maintain improvements; others are more reactionary, and could do a great deal more to carry out their statutory functions in respect of hygiene and sanitation, as these results and tables attest. The County Sanitary Officer spares no effort to make the County Council's help available and I must endorse his regret that on so many of the important sanitary questions full information is lacking.

The County Council are anxious to help with the many water and sewerage schemes being pursued, and many more are needed.

The regrouping of water undertakings has made some progress in the East but that in the West seems delayed by uncertainties and disagreements. It is regrettable if progress is to be retarded meanwhile, for Shropshire lags far behind the better Counties in the provision of piped water supplies.

Existing sewerage schemes are often inadequate to produce proper effluents, and lack of supervision and maintenance certainly contribute to this. The effluents listed on pages 95 and 96 are, with a very few honourable exceptions, almost 100% unsatisfactory. These reports are supplied by the Severn River Board, who are responsible for pollution prevention.

The way of reform and improvement is slow. It is now more than 10 years since the great new Social Acts inaugurated a comprehensive Health and Welfare Service; it is nearly 10 years since the River Boards assumed statutory responsibility from Health Authorities for measures to obviate pollution. Yet these returns and results really seem to grow worse rather than better. The County Health Department would like to help and have shown their willingness to make their resources available to District Councils who will accept them. It is the District Councils who are primarily responsible in law, and more attention to sewerage provision and maintenance by them seems urgently necessary.

The 'Big' Tables numbered I to X which come at the end of the report are, as always, of great interest and detail, though their principal use is perhaps for reference purposes. Every member of the Council should find the local statistics and records of his own area of interest, and may, by comparing them with others, feel disposed to raise enquiries or make suggestions which might be most valuable. This has occasionally been done in the past, and has proved an interesting stimulus which my Department and I welcome.

To all who have contributed so much administrative and professional and technical work to produce this Report our thanks are due and notably perhaps to Mr. A. R. Brawn, whose continual pride it is to marshal and verify the material and guide it through the many processes that lead to publication.

To the many Voluntary Organisations thanks are due for their generous and valued contributions to the Local Health Services, and to the Council's other Departments for their continued co-operation and assistance so readily given.

The help and encouragement given by the Council in the Department's work is deeply appreciated and to the Chairmen and Members of the Health Committee and Sub-Committees I express my gratitude for their ready understanding and support.

I have the honour to be, Mr. Chairman, My Lords, Ladies and Gentlemen,

Your obedient Servant,

T. S. HALL,

COUNTY MEDICAL OFFICER OF HEALTH.

COUNTY HEALTH OFFICES,
COLLEGE HILL, SHREWSBURY, SHROPSHIRE
(Tel. No. Shrewsbury 52211)

September, 1960.

HEALTH COMMITTEE AND SUB-COMMITTEES

(As at December, 1959)

HEALTH COMMITTEE

CHAIRMAN :

ALDERMAN THE REV. R. A. GILES, M.A., B.Litt.(Oxon.)

VICE-CHAIRMAN :

ALDERMAN THE RT. HON. THE LORD FORESTER, J.P., D.L.

ALDERMEN :

BOYNE, DOWAGER THE VISCOUNTESS, C.B.E., J.P.,
LL.D., D.G.St.J.

CROFT, E. H.

FELL, W. M. W., M.Sc. (Vice-Chairman of Council)

JONES, A. H., J.P.

POWELL, T. P.

STEVENTON, T. O.

THOMAS, E. B., J.P.

WAKEMAN, CAPTAIN SIR OFFLEY, Bt., C.B.E., J.P., D.L.
(Chairman of Council)

COUNCILLORS :

ATTLEE, DR. W. O., J.P.

BEALE, REV. W. G., M.A.

HAMAR, DR. L. A.

HARRISON, MRS. E.

JONES, T.

JONES, T. H.

MORRIS, MRS. E. L., J.P.

MORRIS, T. E.

PARRY-JONES, R. J. S., J.P.

PHILLIPS, MRS. L., J.P.

RHAIADR-JONES, J. R.

SMITH, C.

STEPHENS, MRS. I. E.

WOOD, A. J.

CO-OPTED MEMBERS :

BECKETT, H. R.

ELLIS, F.

RYLE, DR. J. C.

POOLER, DR. W. R. H.

CHOLMONDLEY, MRS. V. M., J.P.

} Nominated by Shrewsbury Town Council

} Nominated by Shrewsbury Local Medical Committee
(representing General Medical Practitioners)

Co-opted member of Health (Nursing) Sub-Committee

HEALTH (GENERAL PURPOSES) SUB-COMMITTEE

CHAIRMAN OF COUNCIL

VICE-CHAIRMAN OF COUNCIL

BEALE, REV. W. G.

BOYNE, DOWAGER THE VISCOUNTESS

FORESTER, THE LORD

GILES, REV. R. A. (Chairman)

HAMAR, DR. L. A.

JONES, A. H.

MORRIS, MRS. E. L.

MORRIS, T. E.

PARRY-JONES, R. J. S., J.P.

POOLER, DR. W. R. H.

RHAIADR-JONES, J. R.

STEPHENS, MRS. I. E.

STEVENTON, T. O.

THOMAS, E. B.

HEALTH (NURSING) SUB-COMMITTEE

CHAIRMAN OF COUNCIL

VICE-CHAIRMAN OF COUNCIL

ATTLEE, DR. W. O.

BOYNE, DOWAGER THE VISCOUNTESS

FORESTER, THE LORD

GILES, REV. R. A.

HAMAR, DR. L. A.

HARRISON, MRS. E.

MORRIS, MRS. E. L. (Chairman)

PHILLIPS, MRS. L.

POOLER, DR. W. R. H.

RYLE, DR. J. C.

STEVENTON, T. O.

THOMAS, E. B.

Co-opted Members :

BOROUGH, MRS. M. L.

CHOLMONDLEY, MRS. V. M., J.P.

MACLEAN, MRS. G.

OSMOND, MRS. D.

STEPHENS, MRS. I. E.

WAKEMAN, MRS. P. L. A.

WOOD, MISS N.

HEALTH (WATER) SUB-COMMITTEE

CHAIRMAN OF COUNCIL

VICE-CHAIRMAN OF COUNCIL

CROFT, E. H.

FORESTER, THE LORD

GILES, REV. R. A.

JONES, A. H.

JONES, T.

JONES, T. H.

PARRY-JONES, R. J. S.

RHAIADR-JONES, J. R. (Chairman)

STEVENTON, T. O.

THOMAS, E. B.

WOOD, A. J.

MEDICAL, DENTAL AND ANCILLARY STAFFS

County Medical Officer of Health and Principal School Medical Officer :

THOMAS S. HALL, M.B.E., T.D., M.D., B.Sc., B.Ch., D.Obst.R.C.O.G., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer :

*WILLIAM HALL, M.B., Ch.B., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G., D.P.H.

Administrative Assistant County and School Medical Officers :

NORA V. CROWLEY, M.B., B.Ch., B.A.O., D.C.H., L.M.
ALICE N. O'BRIEN, M.B., Ch.B.

Assistant County, School and District Medical Officers :

ELIZABETH CAPPER, M.B., Ch.B., D.P.H.
CLEMENT B. HIGGIE, M.R.C.S., L.R.C.P., D.P.H.
ALASTAIR C. MACKENZIE, M.D., Ch.B., D.P.H.
CATHERINE B. MCARTHUR, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
MARGARET H. F. TURNBULL, M.B., Ch.B., D.P.H.

Assistant County and School Medical Officers :

KATHLEEN M. BALL, M.B., B.Ch., B.A.O., D.P.H.
AGNES D. BARKER, M.B., Ch.B.
SHEILA M. G. CROSLAND, M.B., B.S. (Part-time) (appointed 13th April, 1959)
BRYAN V. LLYWARCH, M.B., Ch.B. (appointed 1st March, 1959)
ELIZABETH R. POLLAND, L.R.C.P. & S., L.R.F.P.S. (Part-time) (appointed 19th January, 1959)
FLORA MACDONALD, M.B., B.S., D.P.H.
VIOLET G. PRITCHARD, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H. (Part-time) (appointed 22nd September, 1959)

Principal Dental Officer :

CHARLES D. CLARKE, L.D.S.

Assistant Dental Officers :

Whole-time :

NOEL GLEAVE, L.D.S.
JOHN W. REECE, B.D.S. (appointed 21st September, 1959)
DAVID ROGERS, L.D.S., B.D.S. (resigned 31st August, 1959)
GEOFFREY H. STOUT, L.D.S.
GEORGE B. WESTWATER, L.D.S.

Part-time :

IAN CHADWICK, L.D.S. (resigned 1st July, 1959)
RONALD CULLWICK, L.D.S., D.L.
RONALD R. DOMB, L.D.S. (resigned 8th June, 1959)
ANDREW DUNN, L.D.S. (resigned 31st March, 1959)
JOHN R. HARRIS, B.D.S., L.D.S. (appointed 3rd September, 1959)
ANTHONY HOLLINGS, B.Ch.D., L.D.S.
JOHN MCCORMACK, B.D.S., L.D.S. (appointed 22nd September, 1959)
IAN MACPHERSON, L.D.S. (appointed 11th February 1959)
REGINALD H. N. OSMOND, L.D.S.
DAVID A. REES, D.B.S., L.D.S. (appointed 9th September, 1959)
MYFANWY THOMPSON, L.D.S. (appointed 1st May, 1959)
JOHN H. WICKERS, B.D.S., L.D.S.
MICHAEL J. WOODMAN, B.D.S., L.D.S. (appointed 27th June, 1959 ; resigned 22nd August, 1959)

Dental Technicians :

NORMAN J. RUSHWORTH
CLIVE EVERINGHAM (Apprentice)

Dental Hygienist :

NANCY SMITH (appointed 1st July, 1959)

Superintendent Nursing Officer, Superintendent Health Visitor and Non-Medical Supervisor of Midwives :

FRANCES M. ROGERS, S.R.N., S.C.M., Q.N., H.V.

Deputy Superintendent Nursing Officer :

RITA M. HUGHES, S.R.N., S.C.M., Q.N., H.V.

Assistant Superintendent Nursing Officers :

MARGARET STEWART, S.R.N., S.C.M., Q.N., H.V. (resigned 17th August, 1959)
VERLIE M. GEORGE, S.R.N., S.C.M., Q.N., H.V.

Lay Administrative Officer :

THOMAS R. BLYTHE

County Sanitary Officer :

DAVID COUPS, Cert. R.S.I.

Assistant County Sanitary Officer :

GEORGE R. HALL, Cert. R.S.I.

County Ambulance Officer :

WALTER WALKER

Consultant Psychiatrist :

JAMES A. CRAWFORD, L.R.C.P. & S., L.R.F.P. & S., D.P.M.

*Also District Medical Officer of Health

Psychiatric Social Worker :
KATHLEEN CARPENTER, B.A. (resigned 15th August, 1959)
KATHLEEN E. HUNT (appointed 1st November, 1959)

Senior Speech Therapist :
EDWARD PAULETT, L.C.S.T.

Speech Therapists :
SHIENA M. BOWEN, L.C.S.T. (appointed 1st October, 1959)
MARGARET E. FRANKLIN, L.C.S.T. (resigned 31st August, 1959)
MAUREEN A. JAMES, L.C.S.T. (appointed 1st September, 1959)
HELEN A. MILLAR, L.C.S.T. (resigned 27th June, 1959)

Tuberculosis Health Visitor :
ENID THOMAS, S.R.N., H.V.

Principal Duly Authorised Officer :
ERNEST A. R. WARD

Duly Authorised Officers :
CHARLES T. FRANCIS
KENNETH WYCHERLEY (appointed 10th June, 1959)

Occupation Centre Supervisors :
MARY E. C. TYLER, Dip. N.A.M.H.
ETHEL E. WARD, S.R.N., S.C.M., H.V. (from 1st October, 1959)

Officers employed by the Birmingham Regional Hospital Board and undertaking part-time duties on behalf of the County Council :

Consultant Chest Physician :
ARTHUR T. M. MYRES, B.A., B.M., B.Ch. (Oxon.), M.R.C.P. (Ed.), M.R.C.S., L.R.C.P.

Chest Physician :
PHILIP E. PERCEVAL, M.B., B.Ch.

Consultant Orthodontists :
BRIAN T. BROADBENT, F.D.S.
MICHAEL F. SCOTT, L.D.S.

Table 1 : District Medical Officers of Health

Medical Officer	Districts	Acreage	Population	
			Census 1951	Estimated Mid-1959
<i>Mixed Appointments :</i>				
A. C. MACKENZIE, M.D., Ch.B., D.P.H.	Shrewsbury Borough ..	8,118	44,919	48,640
C. B. MCARTHUR, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.	Oswestry Borough ..	2,173	10,712	11,230
	Oswestry Rural ..	61,524	20,746	19,990
C. B. HIGGIE, M.R.C.S., L.R.C.P., D.P.H.	Ellesmere Urban ..	1,220	2,163	2,260
	Wem Urban ..	903	2,409	2,550
	Whitchurch Urban ..	6,053	6,856	7,030
	Ellesmere Rural ..	48,253	8,601	8,360
	Wem Rural ..	60,343	12,043	12,500
M. H. F. TURNBULL, M.B., Ch.B., D.P.H.	Bridgnorth Borough ..	2,645	6,250	6,540
	Wenlock Borough ..	22,657	15,095	15,080
	Bridgnorth Rural ..	100,897	16,168	17,190
W. HALL, M.B., Ch.B., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G., D.P.H.	Bishop's Castle Borough	1,867	1,290	1,250
	Church Stretton Urban	6,198	2,580	2,790
	Atcham Rural ..	134,490	21,265	22,440
	Clun Rural ..	132,512	9,766	9,220
Ditto	Ludlow Rural ..	112,823	13,949	13,670
E. CAPPER, M.B., Ch.B., D.P.H.	Ludlow Borough ..	1,068	6,456	6,610
<i>Whole-time :</i>				
W. A. M. STEWART, M.B., Ch.B., L.R.C.P., L.R.F.P.S., D.P.H., Barrister-at-Law	Dawley Urban ..	3,259	8,380	8,730
	Market Drayton Urban	1,216	5,644	5,750
	Newport Urban ..	768	3,744	3,990
	Oakengates Urban ..	2,396	11,656	11,360
	Wellington Urban ..	2,281	11,416	13,590
	Drayton Rural ..	54,058	10,625	10,180
	Shifnal Rural ..	39,562	13,548	13,890
	Wellington Rural ..	54,516	23,521	25,460
TOTAL ..		861,800	289,802	300,300

Annual Report for 1959

ADMINISTRATION

The work of the County Health Department is controlled by the Health Committee, certain powers being delegated to a number of Sub-Committees, the composition and duties of which are as indicated below :

HEALTH (GENERAL PURPOSES) SUB-COMMITTEE :

Chairman and Vice-Chairman of the Council	} <i>Ex-officio</i>
Chairman and Vice-Chairman of the Health Committee	
Chairmen of the Nursing and Water Sub-Committees	
Ten members of the Health Committee	

To meet monthly to deal with day-to-day matters of urgency connected with the administration of the Local Health Services, including matters connected with the Ambulance Service; to advise the Health Committee as to the administration of the Mental Health Service; and to exercise the Council's powers under the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949—1953, and Sections 37—38 of the Food and Drugs Act, 1955 (Sale of designated milk by retail in specified areas).

HEALTH (NURSING) SUB-COMMITTEE :

Chairman and Vice-Chairman of the Council	} <i>Ex-officio</i>
Chairman and Vice-Chairman of the Health Committee	
Ten members of the Health Committee	
Seven co-opted members nominated by the Health Committee	

To advise the Health Committee on the administration of the Local Health Services for the care of mothers and young children; midwifery; health visiting; home nursing; vaccination and immunisation; prevention of illness, care and after-care; domestic help; supervision of midwives; registration of nursing homes and nurses' agencies; and investigations under the Midwives' Acts.

(This is also the Care Committee under the Council's scheme for the care and after-care of tuberculous patients).

HEALTH (WATER) SUB-COMMITTEE :

Chairman and Vice-Chairman of the Council	} <i>Ex-officio</i>
Chairman and Vice-Chairman of the Health Committee	
Nine members of the Health Committee	

To consider the reports of the Council's consultant upon water supply and sewerage; to advise the Health Committee upon the exercise of their functions in relation to water supplies and sewerage and, in particular, as to the making of grants under the Local Government Act, 1958, and the Rural Water Supplies and Sewerage Acts, 1944 and 1951, with authority to approve schemes in principle on behalf of the County Council; and to advise the Health Committee as to the exercise of the powers and duties of the Council under the Housing Acts and the Water Acts, 1945 and 1948.

National Assistance Acts, 1948—1959 :

Administration under these Acts is the responsibility of the Welfare Committee of the County Council.

VITAL STATISTICS

To ensure uniformity and simplify comparison, the Minister of Health has requested that vital statistics relating to mothers and infants should be presented in the form given below. Some repetition is, therefore, inevitable and explanation of these statistics follows in the same order.

Area of Administrative County (acres)	..	..	..	..	861,800
Rateable Value (at 1st April, 1959)	..	..	..	..	£3,267,818
Estimated product of 1d. rate (at 1st April, 1959)	..	..	..	..	£12,946

Table 2 : General Statistics

						Urban Districts	Rural Districts	County
POPULATION								
Estimated population (mid-1959)						147,400	152,900	300,300
BIRTHS :								
Live Births						2,363	2,419	4,782
Rate per 1,000 population						16.03	15.82	15.92
Illegitimate live births						89	95	184
Per cent. of total live births						3.77%	3.93%	3.85%
Stillbirths						62	48	110
Rate per 1,000 live and still births						25.57	19.46	22.49
Total live and still births						2,425	2,467	4,892
INFANT DEATHS :								
Deaths of infants under one year						49	47	96
Mortality rates :								
All infants per 1,000 live births						20.74	19.43	20.08
Legitimate infants per 1,000 legitimate live births						20.67	18.93	19.79
Illegitimate infants per 1,000 illegitimate live births						22.47	31.58	27.17
Deaths under four weeks						41	33	74
Neo-natal mortality rate per 1,000 live births						17.35	13.64	15.47
Deaths under one week						34	29	63
Early neo-natal mortality rate per 1,000 live births						14.39	11.99	13.17
Perinatal mortality rate (deaths under one week and still- births per 1,000 live and stillbirths)						39.59	31.21	35.36
MATERNAL MORTALITY :								
Deaths (including abortion)						Nil	Nil	Nil
Rate per 1,000 live and still births						Nil	Nil	Nil
DEATHS :								
Total deaths from all causes						1,841	1,493	3,334
Rate per 1,000 population						12.49	9.77	11.10

Population.—The Registrar General's estimate for mid-1959 of the population of the County, inclusive of members of the Armed Forces, was 300,300, and this is the figure used for the calculation of birth and mortality rates.

The distribution of population throughout the County is shown in Table I on page 97, from which it will be seen that 147,400 persons were resident in urban areas and 152,900 in rural areas. The growth of the County population is shown by comparison with the census years in the table below :

Table 3 : Population

		1931		1951		1959	
		Persons	%	Persons	%	Persons	%
Urban Districts ..		121,665	49.8	139,570	48.2	147,400	49.1
Rural Districts ..		122,491	50.2	150,232	51.8	152,900	50.9
County		244,156	100	289,802	100	300,300	100

The County population as a whole increased by 1,300, compared with 1,100 for 1958. Excess of births over deaths gave a natural increase of 1,448.

The density of population remained as previously at 0.35 persons per acre, with 2.35 persons per acre in urban areas and 0.19 in rural areas. The most sparsely populated districts were Church Stretton (0.45 persons per acre) in urban areas and Clun (0.07) in the rural areas.

Births.—The live births registered in and appertaining to this County during 1959 numbered 4,782, an increase of 96 compared with the previous year and the highest since 1949. Male and female births were 2,436 and 2,346 respectively.

The birth-rate per 1,000 of population was 16.03 in urban districts, 15.82 in rural districts and 15.92 for the County.

Adjusting these rates to allow for distribution of the population by sex and age gives standardised rates of 16.03 for urban areas, 17.72 for rural areas and 16.88 for the County, compared with a provisional rate of 16.5 for England and Wales.

Of the 4,782 live births, 4,598 were legitimate and 184 illegitimate. The latter figure was 30 less than in 1958 and represented 3.85 per cent of the live births, a decrease of 0.71 per cent, or 38.5 per thousand live births, compared with a rate of 51 for England and Wales.

The births and birth rates for each Sanitary District of the County are shown in Table II on page 98.

Still-births.—In 1959 there were 110 still-births, giving a rate of 22.49 per 1,000 live and still-births, as against 22.73 for the previous year, and that of 20.7 for England and Wales for 1959.

The rate per 1,000 population was 0.37.

The table below shows the still-birth rates for Shropshire during the past two decades :

Table 4 : Still-Birth Rates

Year	Still-births	Live Births	Total	Rate per 1,000 Live and Still-births
1940	141	4,102	4,243	33.23
1941	160	4,489	4,649	34.42
1942	164	4,840	5,004	32.77
1943	170	4,915	5,085	33.43
1944	121	5,203	5,323	22.73
1945	121	4,621	4,741	25.52
1946	116	5,090	5,206	22.28
1947	138	5,538	5,676	24.14
1948	123	5,156	5,279	23.29
1949	107	4,945	5,052	21.17
1950	118	4,669	4,787	24.65
1951	121	4,603	4,724	25.61
1952	110	4,670	4,780	23.01
1953	133	4,638	4,771	27.88
1954	118	4,488	4,606	25.62
1955	107	4,398	4,505	23.75
1956	114	4,424	4,538	25.12
1957	101	4,528	4,629	21.82
1958	109	4,686	4,795	22.73
1959	110	4,782	4,892	22.49

Infantile Mortality.—Deaths registered in 1959 of infants who died before reaching one year of age numbered 96—an increase of 6 compared with 1958.

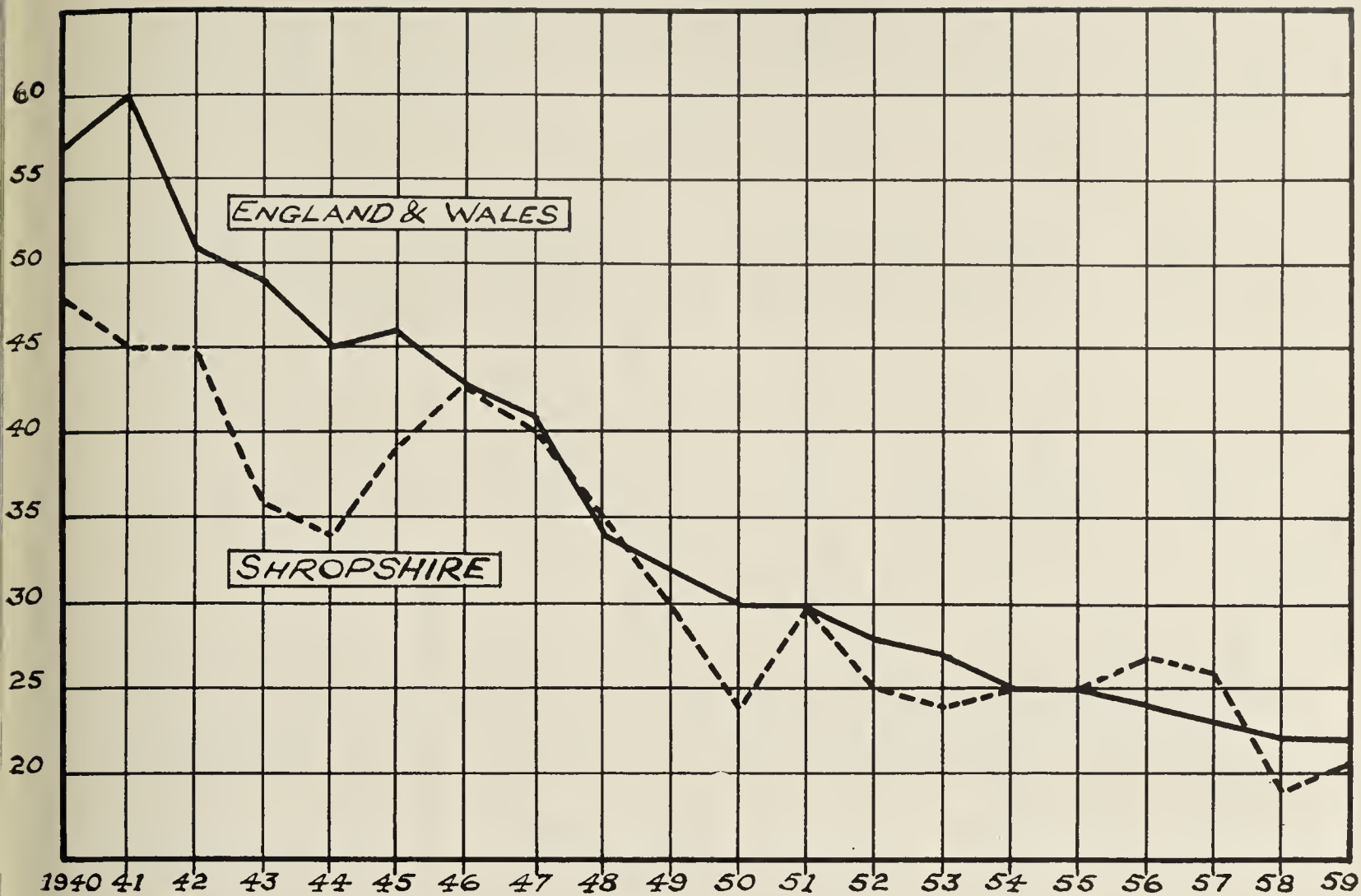
The infant mortality rate per 1,000 live births was 20.08, compared with 22.00 for England and Wales. Despite increased numbers of births, the County rate shows an increase of 0.87 over that for 1958, which at 19.21 was the lowest recorded for Shropshire. Nevertheless, the position is favourable in relation to previous years, as the graph on page 13 illustrates.

Deaths of illegitimate infants numbered 5, and 3 of these were in rural districts, giving a rate of 31.58 per 1,000 illegitimate live births, as against 27.17 for the County. The mortality rate for illegitimate infants is compared below with that for legitimate infants.

Table 5 : Mortality Rates for Legitimate and Illegitimate Infants

Year	Legitimate			Illegitimate		
	Live births	Deaths	Rate per 1,000 births	Live births	Deaths	Rate per 1,000 births
1950	4,388	100	22.79	281	14	49.82
1951	4,407	134	30.41	196	6	30.61
1952	4,463	114	25.54	207	1	4.83
1953	4,431	109	24.60	207	4	19.32
1954	4,289	102	23.78	199	8	40.20
1955	4,222	108	25.58	176	3	17.05
1956	4,248	111	26.13	176	9	51.14
1957	4,348	112	25.75	180	6	33.33
1958	4,472	85	19.01	214	5	23.36
1959	4,598	91	19.79	184	5	27.17

DEATHS OF INFANTS UNDER ONE YEAR
MORTALITY RATES PER 1,000 LIVE BIRTHS



Below are given the causes of infant deaths registered in 1959, with comparative figures for the previous year :

Table 6 : Deaths of Infants under one year—Causes.

Cause of Death	1958			1959			+ or —
	Males	Females	Total	Males	Females	Total	
Congenital malformations	8	6	14	6	12	18	+4
Other defined and ill-defined diseases (including prematurity)	41	16	57	36	23	59	+2
Bronchitis	—	—	—	2	—	2	+2
Meningococcal infection	—	—	—	1	—	1	+1
Leukaemia	—	—	—	1	—	1	+1
Influenza	—	—	—	1	—	1	+1
Homicide	—	—	—	—	1	1	+1
Accidents (other than motor vehicle)	2	—	2	1	1	2	—
Pneumonia	8	5	13	3	8	11	—2
Other infectious and parasitic diseases	1	1	2	—	—	—	—2
Gastritis, enteritis and diarrhoea	1	1	2	—	—	—	—2
Total ..	61	29	90	51	45	96	+6

Of the 96 infants who died in 1959, no less than 50 were regarded as “premature”, being 5½ lb. or less in weight at birth. Further particulars regarding these premature infants are to be found in the section of this Report dealing with “Care of Mothers and Young Children” commencing on page 23, which includes an interesting table illustrating the relationship between the birth weights of premature infants and their prospects of survival.

As will be seen from the table below, 74 of the 96 infant deaths during 1959 (or 77 per cent) occurred in the first month of life :

Table 7 : Infant Deaths—Age Groups

Age Group	1956		1957		1958		1959	
	Deaths	Percentage	Deaths	Percentage	Deaths	Percentage	Deaths	Percentage
Under 1 day.. ..	36	30.0	38	32.2	25	27.8	33	33.3
1 day—1 week ..	36	30.0	37	31.3	33	36.7	31	32.3
1 week—1 month ..	12	10.0	12	10.2	6	6.7	11	11.5
1 month—3 months	20	16.7	12	10.2	11	12.2	10	10.4
3 months—6 months	10	8.3	11	9.3	5	5.5	4	4.2
6 months—9 months	4	3.3	6	5.1	4	4.4	7	7.3
9 months—12 months	2	1.7	2	1.7	6	6.7	1	1.0
TOTAL ..	120	100	118	100	90	100	96	100

Neo-natal deaths.—Although much progress has been made in reducing the infant mortality rate in this County—it has been more than halved in the past twenty years—the mortality of infants during the first month of life has continued to be the main obstacle to further progress.

The neo-natal mortality rate for 1959 of 15.47 per 1,000 live births shows considerable improvement on previous years, (although disappointingly somewhat higher than that for 1958, which was the lowest recorded for Shropshire) and compares favourably with that of 15.8 for England and Wales.

Table 8 : Infant Mortality Rates

Year	Infant Mortality		Neo-Natal Mortality		
	Deaths	Rate per 1,000 Live Births	Deaths	% of Infant Deaths	Rate per 1,000 Live Births
1950	114	24.39	74	64.9	15.85
1951	140	30.41	82	58.6	17.81
1952	115	24.63	73	63.5	15.63
1953	113	24.36	80	70.8	17.25
1954	110	24.51	84	76.4	18.72
1955	111	25.23	77	69.4	17.51
1956	120	27.12	84	70.0	18.99
1957	118	26.06	87	73.7	19.21
1958	90	19.21	64	71.1	13.66
1959	96	20.08	74	77.1	15.47

Perinatal Mortality.—Perinatal deaths are those occurring near to birth and perinatal mortality is, therefore, based upon deaths of infants under one week and stillbirths.

Deaths under one week totalled 63 in 1959, and stillbirths 110, giving a mortality rate of 35 per 1,000 live and still births, compared with 34 in 1958. The provisional rate for England and Wales for 1959 was 34.2.

Table 9 : Perinatal Mortality Rates

Year	Deaths under one week	Stillbirths	Total	Rate per 1,000 live and stillbirths
1958	56	108	164	34
1959	63	110	173	35

Maternal Mortality.—It is gratifying to be able to report that there were no deaths due directly or indirectly to pregnancy in 1959 amongst Shropshire mothers, this being the first year without such mortality.

The table below compares the maternal mortality rates for the County with those for England and Wales over the past ten years :

Table 10 : Maternal Mortality

Year	Deaths	Rate per 1,000 live and stillbirths	
		Shropshire	England and Wales
1950	9	1.88	0.86
1951	1	0.21	0.79
1952	6	1.25	0.72
1953	2	0.42	0.76
1954	3	0.65	0.69
1955	4	0.88	0.64
1956	3	0.66	0.56
1957	1	0.22	0.47
1958	2	0.42	0.43
1959	—	—	0.38

Deaths—General.—The number of deaths registered in 1959 as appertaining to Shropshire was 3,334, the same as for the previous year. Male and female deaths were 1,766 and 1,568 respectively.

The crude death rates for the year were 12.49 per 1,000 population in urban areas, 9.77 in rural areas and 11.10 in the County as a whole. Standardised rates were 11.62, 10.84 and 11.32 respectively, compared with 11.6 for England and Wales.

Deaths in chronic sick and mental hospitals have been assigned to the area of occurrence where the deceased has been resident there for six months or more. This has the effect of inflating the mortality rates for districts such as Bishop’s Castle, Wenlock, Whitchurch and Oswestry Rural, and to correct this the area comparability factors by which the death rates per 1,000 population are adjusted to enable comparison with other areas have been specifically lowered.

Table 11 below shows the standardised death-rates for Shropshire for the past three years, with comparable rates for England and Wales.

Table 11 : Standardised Death-rates

	1957	1958	1959
Urban Districts ..	10.50	11.07	11.62
Rural Districts ..	9.83	10.47	10.84
Shropshire ..	10.20	10.81	11.32
England and Wales ..	11.5	11.5	11.6

Full information with regard to deaths registered in 1959, showing cause, sex and age groups in the Sanitary Districts of the County, is given in Tables III and IV on pages 99 and 100, but while these are of interest, the temptation to interpret such small numbers too seriously should be resisted.

Table 12 : Principal Causes of Death

Cause of Death	1959			1958			1957		
	Deaths	Rate per 1,000 population	% of total deaths from all causes	Deaths	Rate per 1,000 population	% of total deaths from all causes	Deaths	Rate per 1,000 population	% of total deaths from all causes
Heart disease	1,128	3.76	33.83	1,199	4.01	35.96	1,104	3.71	34.86
Cancer	552	1.84	16.56	513	1.72	15.39	516	1.73	16.29
Vascular lesions of nervous system	549	1.83	16.47	595	1.99	17.85	465	1.56	14.68
Bronchitis	159	0.53	4.77	137	0.46	4.11	162	0.54	5.12
Pneumonia	128	0.43	3.84	110	0.37	3.30	116	0.39	3.66
Diseases of circulatory system (other than heart disease) ..	117	0.39	3.51	131	0.44	3.93	130	0.44	4.11
Influenza	77	0.26	2.31	29	0.09	0.87	52	0.18	1.64
Accidents (other than motor vehicle)	63	0.21	1.89	62	0.21	1.86	63	0.21	1.99
Motor vehicle accidents	44	0.15	1.32	43	0.14	1.29	34	0.11	1.07
Suicide	41	0.14	1.23	33	0.11	0.99	34	0.11	1.07
Other diseases of respiratory system (excluding Tuberculosis)	31	0.10	0.93	19	0.06	0.57	18	0.06	0.57
Congenital malformations	26	0.08	0.78	25	0.08	0.75	34	0.11	1.07
Diabetes	22	0.07	0.66	23	0.08	0.69	18	0.06	0.57
Hyperplasia of prostate	22	0.07	0.66	18	0.06	0.54	14	0.05	0.44
Nephritis and nephrosis	20	0.06	0.60	22	0.07	0.66	28	0.09	0.88
TOTAL ..	2,979	9.92	89.36	2,959	9.89	88.76	2,788	9.35	88.02

Table 12 above shows the principal causes of death for 1959 in order of importance, with comparative figures for the two preceding years. Although in total deaths were the same as in 1958, there was increased mortality from influenza (48 more), cancer (39 more), bronchitis (22 more), other respiratory diseases (12 more) and suicide (8 more). There were, however, less deaths from heart disease as a whole (71 less), vascular lesions of the nervous system (46 less) and circulatory diseases (14 less). Accidents, both on the road and in homes and factories, continued to take the same toll.

Special mention must be made of deaths from heart disease. These totalled 1,128, and include coronary disease and angina, hypertension with heart disease, and other cardiac conditions. Of these causes, coronary disease and angina are responsible for the greatest number of deaths (534). In the past decade, mortality from coronary disease has increased by just over 50 per cent, as will be seen from the table below; something like two out of every three persons have been males and present medical research suggests that social habits (work, diet and exercise) have a bearing upon the incidence of this disease.

Table 13 : Deaths from Coronary Disease and Angina

Year	Males	Females	Total	Rate per 1,000 population
1950	236	115	351	1.22
1951	230	129	359	1.22
1952	227	119	346	1.17
1953	224	133	357	1.19
1954	293	147	440	1.48
1955	285	153	438	1.47
1956	279	140	419	1.41
1957	282	144	426	1.43
1958	343	172	515	1.73
1959	339	195	534	1.78

Deaths from bronchitis in 1959 numbered 159, of which 109 occurred in males and 50 in females, giving as with coronary disease a proportion of two male deaths to one female death. This proportion has prevailed over the past ten years and it is difficult to ignore the possible connection between bronchitis and tobacco smoking.

Of the 3,334 deaths in 1959, no less than 45.53 per cent were of persons aged 75 years or more. Table 14 on page 16 shows the percentages of deaths by age groups and indicates by comparison with figures for 1931, the extent to which mortality below 65 years has decreased.

Table 14 : Deaths by Age Groups

Year	Percentage of total deaths							
	Under 1 year	Over 1— under 5	Over 5— under 15	Over 15— under 25	Over 25— under 45	Over 45— under 65	Over 65— under 75	75 years and over
1959	2.88	0.48	0.42	0.93	3.27	21.63	24.86	45.53
1958	2.70	0.45	0.48	1.05	3.15	22.17	24.21	45.82
1957	3.73	0.66	0.41	0.79	3.54	22.36	23.55	45.06
1956	3.66	0.40	0.76	1.31	3.63	19.94	25.37	44.93
1955	3.35	0.45	0.57	1.09	3.98	21.08	25.36	44.12
1954	3.21	0.47	0.67	1.37	4.26	20.32	25.42	44.28
1953	3.48	1.02	0.31	1.29	4.32	20.96	25.46	43.16
1952	3.71	1.03	0.77	1.45	4.45	19.36	25.55	43.68
1931	6.56	2.62	1.78	3.01	9.21	23.08	22.98	30.76

Deaths in the 45—65 age group, which showed increased mortality in 1957 and 1958, again show a high percentage in 1959 and deserve comment. In this age group there were 721 deaths—259 females and 462 males. The latter constitute 14 per cent of the total deaths at all ages, and include high mortality from coronary disease and angina (121 deaths), cancer of the lung (57 deaths) and suicide (12 deaths).

In the 15—25 age group, there were 31 deaths—6 females and 25 males. Of the latter, 13 (over half) died as a result of accident—7 involving motor vehicles and 6 elsewhere—while 2 of the 6 females also died as a result of motor vehicle accidents.

Tuberculosis.—During the year 17 deaths were registered from Respiratory Tuberculosis—9 more than in the previous year—giving a death rate of 0.057 per 1,000 of population.

There was in addition one death from Non-Respiratory Tuberculosis—the same as for 1958—giving a death-rate of 0.003.

For both forms of this disease, the death-rate for 1959 was 0.06 per 1,000 of population, compared with a rate of 0.085 for England and Wales.

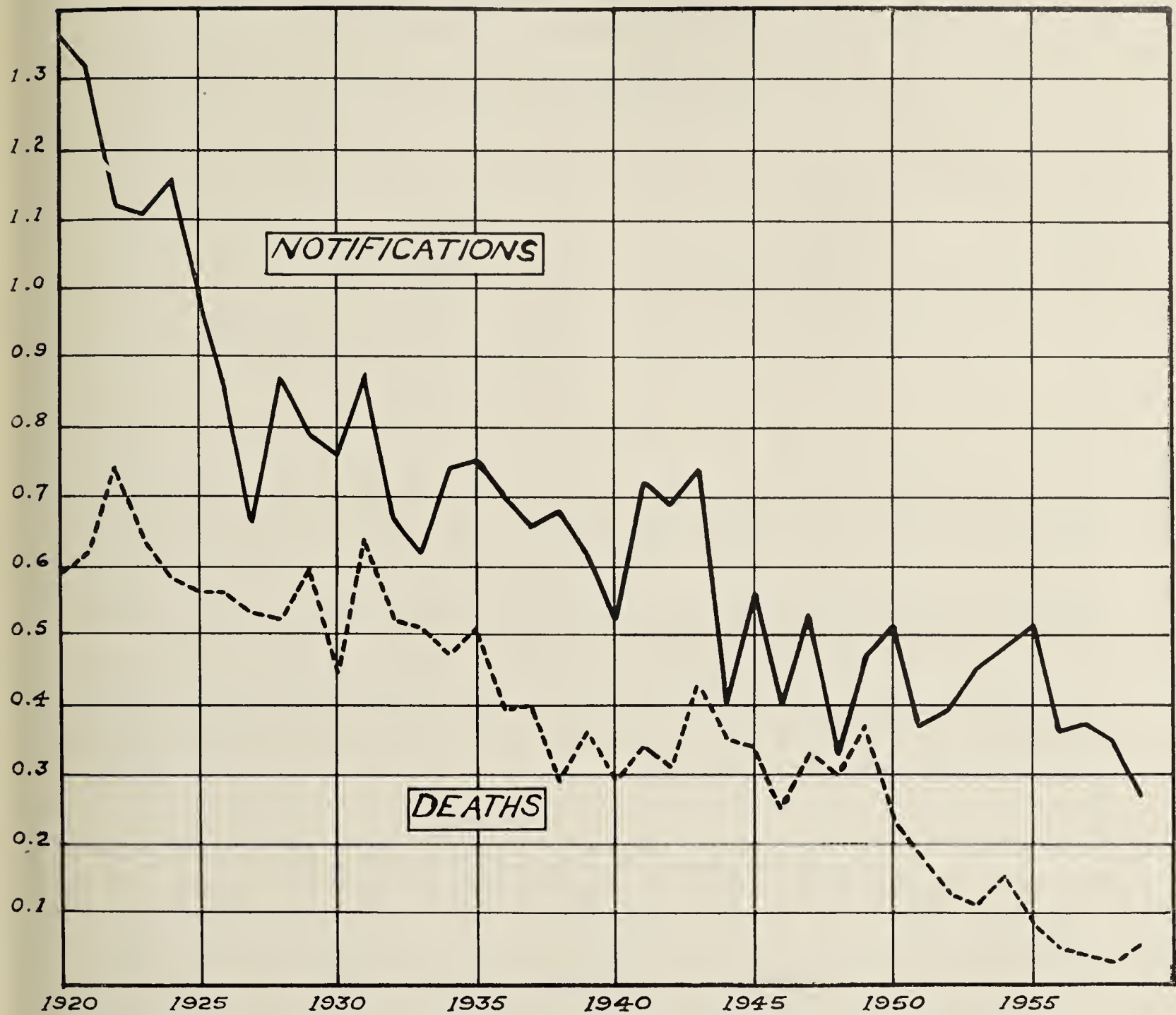
The table below shows the notification and death-rates per 1,000 of population attributable to this County from 1920 onwards for both forms of Tuberculosis; and the graph on page 17 indicates the extent to which incidence of Respiratory Tuberculosis, and particularly mortality from this disease, has declined in the past fifty years.

Table 15 : Tuberculosis—Respiratory and Non-Respiratory. Notification and Death Rates

Year	RESPIRATORY				NON-RESPIRATORY			
	New cases	Deaths	Rate per 1,000 population		New Cases	Deaths	Rate per 1,000 population	
			Cases	Deaths			Cases	Deaths
1920	325	143	1.36	0.59	127	56	0.53	0.23
1921	318	150	1.31	0.62	112	47	0.46	0.19
1922	274	182	1.12	0.74	118	58	0.48	0.24
1923	273	157	1.11	0.64	133	56	0.54	0.23
1924	287	144	1.16	0.58	121	42	0.49	0.17
1925	243	138	0.99	0.56	111	36	0.45	0.15
1926	208	136	0.86	0.56	117	34	0.48	0.14
1927	191	129	0.66	0.53	131	44	0.54	0.18
1928	162	126	0.87	0.52	129	41	0.53	0.17
1929	214	147	0.79	0.60	138	33	0.57	0.14
1930	194	106	0.76	0.44	119	34	0.49	0.14
1931	184	155	0.87	0.64	102	37	0.42	0.15
1932	163	126	0.67	0.52	108	34	0.44	0.14
1933	152	125	0.62	0.51	103	33	0.42	0.14
1934	180	114	0.74	0.47	93	29	0.38	0.12
1935	182	124	0.75	0.51	95	27	0.39	0.11
1936	169	95	0.70	0.39	118	23	0.49	0.09
1937	158	97	0.66	0.40	111	39	0.46	0.16
1938	164	71	0.68	0.29	114	20	0.47	0.08
1939	156	91	0.62	0.36	101	30	0.40	0.12
1940	133	76	0.52	0.29	102	27	0.40	0.11
1941	197	93	0.72	0.34	139	31	0.50	0.11
1942	185	82	0.69	0.31	140	32	0.52	0.12
1943	193	113	0.74	0.43	132	27	0.51	0.10
1944	104	91	0.40	0.35	86	17	0.33	0.07
1945	143	88	0.56	0.34	102	31	0.39	0.12
1946	106	65	0.40	0.25	64	21	0.24	0.08
1947	141	87	0.53	0.33	67	24	0.25	0.09
1948	89	81	0.33	0.30	62	14	0.23	0.05
1949	127	100	0.47	0.37	79	17	0.29	0.06
1950	151	66	0.52	0.23	77	10	0.27	0.03
1951	109	53	0.37	0.18	47	10	0.16	0.03
1952	116	37	0.39	0.13	44	9	0.15	0.03
1953	136	32	0.45	0.107	27	8	0.09	0.027
1954	144	46	0.48	0.154	27	5	0.09	0.017
1955	153	25	0.51	0.084	32	5	0.11	0.016
1956	109	14	0.36	0.047	47	3	0.16	0.010
1957	110	13	0.37	0.044	39	3	0.13	0.010
1958	105	8	0.35	0.027	34	1	0.11	0.003
1959	81	17	0.27	0.057	18	1	0.06	0.003

Further information concerning Tuberculosis is given in the Sections of this Report dealing with "Infectious Diseases" on page 21 and "Prevention of Illness, Care and After-Care" on page 54.

SHROPSHIRE : RESPIRATORY TUBERCULOSIS
NOTIFICATION AND MORTALITY RATES PER 1,000 POPULATION



Cancer.—Deaths from cancer during 1959 numbered 552—an increase of 39 compared with the previous year. The death-rate per 1,000 of population was 1.838—an increase of 0.122 above the rate for 1958.

Table 16 : Deaths from Cancer

Age Groups			1956			1957			1958			1959		
			M	F	T	M	F	T	M	F	T	M	F	T
Under 15 years	..	..	2	2	4	2	3	5	4	—	4	1	2	3
15 to 45 years	..	..	25	16	41	9	15	24	8	17	25	11	13	24
45 to 65 years	..	..	93	91	184	109	96	205	107	85	192	128	100	228
Over 65 years	..	..	149	148	297	132	150	272	161	131	292	158	139	297
TOTAL			269	257	526	252	264	516	280	233	513	298	254	552

The table below lists the deaths from cancer since 1950, according to the location of the disease :

Table 17 : Cancer Deaths—Sites

Year	Malignant neoplasm															Leukaemia, aleukaemia			Total		
	Stomach			Lung, br'chus			Breast			Uterus			Other								
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
1950	45	49	94	38	7	45	—	42	42	—	24	24	147	129	276	10	3	13	240	254	494
1951	42	44	86	43	8	51	1	45	46	—	22	22	166	131	297	8	5	13	260	255	515
1952	58	33	91	37	4	41	—	39	39	—	24	24	152	133	285	13	5	18	260	238	498
1953	47	41	88	62	11	73	1	56	57	—	19	19	146	126	272	10	10	20	266	263	529
1954	40	36	76	58	6	64	—	42	42	—	25	25	166	146	312	9	4	13	273	259	532
1955	43	37	80	69	9	78	—	51	51	—	17	17	157	158	315	5	4	9	274	276	550
1956	38	29	67	64	11	75	—	48	48	—	26	26	159	135	294	8	8	16	269	257	526
1957	45	36	81	83	4	87	—	50	50	—	24	24	118	145	263	6	5	11	252	264	516
1958	48	29	77	74	7	81	—	59	59	—	19	19	150	117	267	8	2	10	280	233	513
1959	35	33	68	73	8	81	—	51	51	—	28	28	182	130	312	8	4	12	298	254	552

The percentage of total cancer deaths due to cancer of the lung and bronchus is shown in the following table :

Table 18 : Deaths from Cancer of the Lung and Bronchus

Year	% of all cancer deaths due to lung cancer	% of lung cancer deaths occurring in males
1950	9.1	84.4
1951	9.9	84.3
1952	8.2	90.2
1953	13.8	84.9
1954	12.0	81.6
1955	14.2	88.5
1956	14.3	85.3
1957	16.9	95.4
1958	15.8	91.4
1959	14.7	90.1

Lung cancer deaths for 1959 in Shropshire are the same as for the previous year, namely, 81. Of these, 57 deaths occurred in males in the 45—65 age group and in both urban and rural areas represented 1 in 8 of all male deaths in that age group.

The first table below compares the death rates from lung cancer per 1,000 of population for England and Wales with those for urban and rural districts and the County as a whole. Table 20 shows the ratios of male and female deaths from this disease to total deaths for each sex.

Figures published by the Medical Research Council in 1957 showed that deaths from cancer of the lung represented 1 in 18 of all male deaths and 1 in 103 of all female deaths. Shropshire's mortality rate for this disease compares well with the National rate (as the graph on page 19 illustrates), as do the male and female death ratios for 1959 of 1 in 24 and 1 in 196 in comparison with the Medical Research Council's figures.

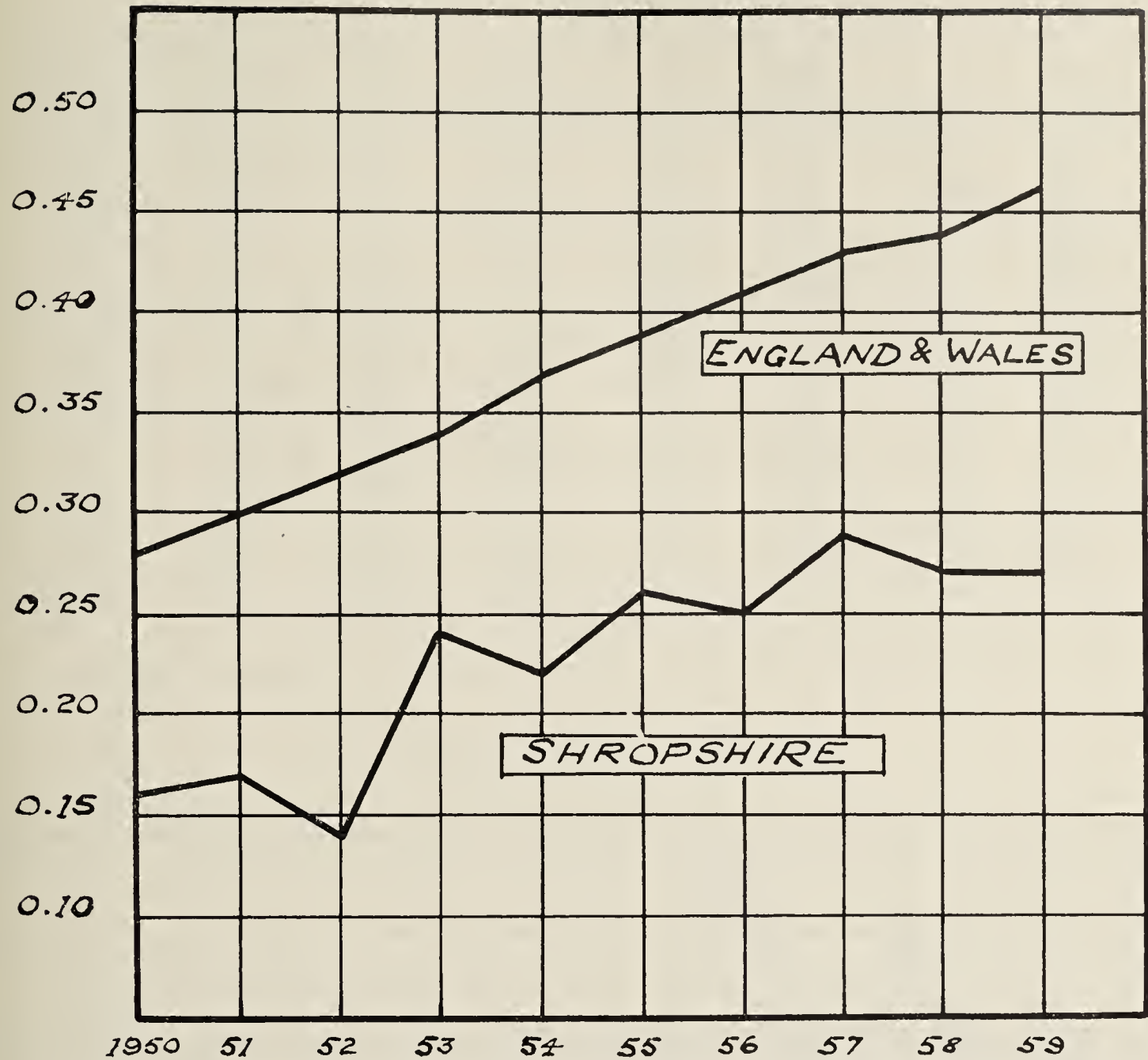
Table 19 : Lung Cancer—Mortality Rates per 1,000 Population

Year	Shropshire			England and Wales
	Urban Districts	Rural Districts	Whole County	
1950	0.214	0.101	0.156	0.280
1951	0.199	0.150	0.174	0.303
1952	0.177	0.104	0.139	0.323
1953	0.344	0.153	0.244	0.343
1954	0.223	0.207	0.215	0.369
1955	0.307	0.221	0.262	0.389
1956	0.327	0.181	0.252	0.407
1957	0.380	0.209	0.292	0.426
1958	0.371	0.176	0.271	0.439
1959	0.291	0.248	0.270	0.464

Table 20 : Ratio of Lung Cancer Deaths to All Deaths in Shropshire

Year	Urban Districts		Rural Districts		Whole County	
	Males	Females	Males	Females	Males	Females
1950	1 : 34	1 : 177	1 : 63	1 : 338	1 : 44	1 : 223
1951	1 : 45	1 : 186	1 : 47	1 : 270	1 : 46	1 : 217
1952	1 : 35	— : —	1 : 62	1 : 162	1 : 44	1 : 369
1953	1 : 22	1 : 110	1 : 35	1 : 237	1 : 27	1 : 145
1954	1 : 32	1 : 873	1 : 31	1 : 148	1 : 31	1 : 269
1955	1 : 25	1 : 147	1 : 26	1 : 227	1 : 25	1 : 174
1956	1 : 23	1 : 142	1 : 34	1 : 142	1 : 27	1 : 142
1957	1 : 18	1 : 409	1 : 25	1 : 334	1 : 20	1 : 371
1958	1 : 20	1 : 148	1 : 31	1 : 709	1 : 24	1 : 228
1959	1 : 24	1 : 227	1 : 25	1 : 165	1 : 24	1 : 196

**CANCER OF THE LUNG AND BRONCHUS
MORTALITY RATES PER 1,000 POPULATION**



Local Health Authorities are being pressed to bring to the notice of the public the apparent relationship between cancer of the lung and cigarette smoking. This has already been undertaken on a wide basis Nationally (television, press, etc.), but the general public seem to have taken little heed. Smoking among football crowds, cinema audiences and in public transport appears to continue unabated. It is obvious that school children must be the main target of propaganda against cigarette smoking but that is unlikely to succeed unless parents are themselves prepared to set an example. Unfortunately, also, there is a natural reluctance on the part of many shopkeepers to refuse cigarettes to minors who profess to be buying for their parents, and the general re-appearance of slot machines makes it only too easy for any child to obtain supplies. Propaganda in its normal sense and application has little chance of success in this problem and there appears to be no immediate solution, except that experience has shown that children under 11 years are far more receptive to information than school seniors.

Leukaemia.—Deaths from Leukaemia and Aleukaemia (a disease of the blood-forming organs characterized by uncontrolled increase of the white blood cells) numbered 12 in 1959. Concern has been expressed in some areas of the country with regard to increasing numbers of deaths from this disease and the possible connection with increasing radiation “fall-out” from atomic tests. Deaths in Shropshire from this disease are lower for 1959 than the average over the past 10 years (12 compared with an average of 13.5).

Risks of radiation from Chest X-rays are infinitesimal and should be disregarded (see page 58 italics).

General.—The following tables summarise the position with regard to the various matters so far referred to in this section of the Report.

Table 21 : Birth Rates, Death Rates and Analysis of Mortality, 1959

	Birth Rate per 1,000 population			Death rate per 1,000 population					Infant death rate per 1,000 livebirths	
	Live births	Still-births	All Causes	Tuberculosis		Cancer			Under 4 weeks	Under 1 year
				Res-piratory	Non-Res-piratory	Lung and bronchus	Other forms	All forms		
England and Wales	16.5	—	11.6	0.077	0.008	0.464	1.676	2.140	15.8	22.0
Shropshire ..	.. (a)15.92 (b)16.88	0.36	(a)11.10 (b)11.32	0.057	0.003	0.270	1.568	1.838	15.47	20.08

(a) Crude rate. (b) Standardised rate.

Table 22 : General Statistics—Shropshire

Year	Live Births		Deaths		Natural increase in Population	Infant Mortality rate per 1,000 live births	Death rates from Cancer per 1,000 of Population
	Total	Rate per 1,000 Population	Total	Rate per 1,000 Population			
1939	3,800	15.52	3,226	12.93	574	47.89	1.767
1940	4,102	15.95	3,654	14.21	448	47.54	1.761
1941	4,489	16.26	3,426	12.37	1,063	45.44	1.726
1942	4,840	18.00	2,973	11.05	1,867	45.04	1.680
1943	4,915	18.80	3,186	12.24	1,729	36.01	1.893
1944	5,203	20.02	2,969	11.4	2,234	34.21	1.751
1945	4,621	18.01	3,056	11.9	1,565	38.95	1.711
1946	5,090	19.42	3,177	12.1	1,913	43.03	1.768
1947	5,538	20.92	3,251	12.8	9,287	39.73	1.786
1948	5,156	18.92	3,219	10.77	1,937	35.49	1.729
1949	4,945	18.15	3,294	12.09	1,651	29.52	1.893
1950	4,669	16.17	3,219	11.15	1,450	24.39	1.71
1951	4,603	15.68	3,719	12.67	884	30.41	1.75
1952	4,670	15.80	3,100	10.49	1,570	24.63	1.68
1953	4,638	15.20	3,244	10.84	1,394	24.36	1.77
1954	4,488	15.07	3,430	11.51	1,058	24.51	1.79
1955	4,398	14.78	3,316	11.14	1,082	25.23	1.848
1956	4,424	14.85	3,279	11.0	1,145	27.12	1.765
1957	4,528	15.20	3,167	10.63	1,361	26.06	1.732
1958	4,686	15.67	3,334	11.15	1,352	19.21	1.716
1959	4,782	15.92	3,334	11.10	1,448	20.08	1.838

NOTE.—Cancer deaths from 1950 include those due to Hodgkin’s disease, leukaemia and aleukaemia.

SHROPSHIRE : BIRTH AND DEATH RATES
PER 1,000 POPULATION



INFECTIOUS DISEASES

Table V on page 101 of this Report summarises the notifications of infectious diseases which were received during 1959.

Tuberculosis.—During the year, 81 new cases of Respiratory Tuberculosis were added to the Register. This figure excludes Hospital and Service cases not ordinarily resident in the County who were already on the Register in their home area, and represents a decrease of 23 new cases compared with the previous year.

Deaths from Respiratory Tuberculosis numbered 17, an increase of 9 compared with the previous year.

New cases of Non-respiratory Tuberculosis numbered 18, again excluding those not ordinarily resident in the County. There was only one death ascribed to this form of the disease—the same as in the previous year and it occurred in a lady 71 years of age.

Particulars of the notified cases and deaths from both forms of Tuberculosis, classified in age groups, are given below :

Table 23 : New cases of, and deaths from, Tuberculosis during 1959

Age Groups	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0—1	—	—	—	—	—	—	—	—
1—5	—	1	—	1	—	—	—	—
5—15	3	4	2	2	—	—	—	—
15—25	5	8	—	3	—	—	—	—
25—45	11	12	1	5	3	1	—	—
45—65	22	8	—	3	4	1	—	—
65 and over ..	6	1	—	1	7	1	—	1
TOTAL ..	47	34	3	15	14	3	—	1
	81		18		17		1	

New cases of respiratory disease continue to predominate in the middle-aged women and in the middle-aged and older men.

Non-notified Fatal Cases.—Of the deaths ascribed to Tuberculosis, 3 occurred of persons who had not been notified during life as suffering from this disease, but in respect of whom posthumous notifications were received.

All three were Respiratory cases and represented 18 per cent of the total deaths from this form of the disease. The fact that, during 1959, one in every six fatalities from Respiratory Tuberculosis was of a case not notified during life gives cause for concern when it is realised that little if any action can have been taken during life to reduce the risk of the spread of infection.

Poliomyelitis.—The number of cases of Poliomyelitis (infantile paralysis) notified in this County during 1959 was 7 (compared with 16 in the previous year) and none of these terminated fatally.

These 7 cases, 4 of which were paralytic* and 3 non-paralytic, were notified as follows :—

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
—	1	—	—	—	—	—	4	—	2	—	—	7

*NOTE.—A paralytic case is defined as one in which there have been “signs of weakness or paralysis of muscles, either permanent or transient.”

The distribution of the cases by sex and age was as follows :

Table 24 : Poliomyelitis—Age Groups of Notified Cases

Age Groups	Paralytic		Non-Paralytic		Total	
	Males	Females	Males	Females	Males	Females
Under 1	—	—	—	—	—	—
1—2	—	—	—	—	—	—
3—4	—	—	—	1	—	1
5—9	1	1	—	—	1	1
10—14	—	—	1	—	1	—
15—24	—	—	1	—	1	—
25 and over ..	1	1	—	—	1	1
TOTAL ..	2	2	2	1	4	3

Further particulars of the four paralytic cases notified during 1959 are as follows :

Table 25 : Cases of Paralytic Poliomyelitis

Age	Sex	Whether Vaccinated against Poliomyelitis	Date of Onset	Disposal of Case
5	F	2 injections (second given on 29/10/58)	25/7/59	Initial weakness of right leg resolved and by November the child had made an excellent recovery and was walking without the aid of any appliance.
38	F	Not vaccinated	13/8/59	Some residual paralysis of left side of face, otherwise the patient made a good recovery.
29	M	Not vaccinated	30/7/59	This patient made an excellent recovery and was expected to resume work as a transport driver shortly after the end of the year.
8	M	Not vaccinated	1/10/59	At the end of the year some residual weakness of right lower leg, involving principally the extensors of the toes, the dorsi flexors of the right foot and a slight reduction in the right ankle jerk. The child was reported to show signs of continued improvement and the prognosis is good.

Of the three “non-paralytic” cases, two—a boy aged 13 and a girl aged 4—had received injections against Poliomyelitis (3 and 2 injections respectively) and both made a successful recovery.

The table below shows the yearly incidence of, and deaths from, this disease during the past two decades :

Table 26 : Notifications of, and Deaths from, Poliomyelitis

	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Notifications ..	4	4	1	5	10	13	5	32	13	10	62	13	27	26	13	19	10	29	16	7
Deaths ..	2	2	—	—	1	1	—	2	2	1	11	1	—	—	2	1*	—	3†	3	—

*Death occurring in but not assignable to this County.

†One of these deaths was of a case not notified in this County—an airman stationed in Shropshire who was admitted to a Barrow Hospital whilst on leave and died there.

(For vaccination against poliomyelitis, see under Immunisation Service on page 49).

Dysentery.—The number of cases of Dysentery notified during 1959 was 110—a decrease of 83 compared with the previous year.

Measles.—Notifications received in respect of Measles numbered 3,925—an increase of 2,443 over the corresponding figure for 1958 ; there were no deaths from this disease.

Whooping Cough.—Notified cases of Whooping Cough totalled 178, or 167 less than in the previous year. There were no deaths from this disease during 1959. (See also under Immunisation Service on page 46).

Food Poisoning.—The number of cases of Food Poisoning notified was 18, compared with 60 in the previous year, and none is known to have proved fatal.

Diphtheria.—There was no notified case of Diphtheria in this County during 1959. (See also under Immunisation Service on page 44).

Smallpox.—There was no notified case of Smallpox in this County during 1959.

Scarlet Fever.—The number of cases of Scarlet Fever notified during the year was 281—one less than in the previous year.

VENEREAL DISEASES

Provision for the treatment of venereal diseases is a responsibility of the Hospital and Specialist Services, and a clinic is operated by the Shrewsbury Group Hospital Management Committee at No. 1 Belmont, Shrewsbury. This is the only one in this County and serves the bordering Welsh Counties and most of Shropshire, patients residing near the eastern county boundary tending to make use of the clinics in Wolverhampton and Stafford.

Sessions are held at the Shrewsbury Clinic as under :

Females	..	Mondays	..	3.30 to 5.30 p.m.
		Thursdays	..	5 to 7 p.m.
Males	..	Tuesdays	}	6 to 8 p.m.
		Fridays		

The following statistics relating to the attendance of Shropshire patients at the Shrewsbury Clinic during 1959 have been made available through the courtesy of the Venereologists, Dr. J. P. G. Rogerson (male clinic) and Dr. E. M. McCarter (female clinic) :

Table 27 : Shropshire cases treated in 1959

NEW CASES FROM SHROPSHIRE					Males	Females	Total
Syphilis—primary	..	..	..	..	—	—	—
latent	..	..	..	..	—	—	—
cardio-vascular	..	..	..	..	—	—	—
late	..	..	..	..	1	2	3
Gonorrhoea	..	..	..	..	9	1	10
Other Conditions :							
Non-gonococcal urethritis	..	..	..	..	20	—	20
Conditions requiring treatment	..	..	..	..	18	9	27
Conditions not requiring treatment	..	..	..	..	25	6	31
Not diagnosed	..	..	..	..	2	2	4
TOTAL					75	20	95
ATTENDANCES—ALL SHROPSHIRE CASES					Males	Females	Total
Syphilis	..	..	..	..	178	521	699
Gonorrhoea	..	..	..	..	75	72	147
Other conditions	..	..	..	..	330	79	409
TOTAL					583	672	1,255

New cases resident in Shropshire also attended out-county clinics as under :

	Syphilis	Gonorrhoea	Other conditions	Total
Stoke-on-Trent	—	1	1	2
Wolverhampton	1	1	46	48
TOTAL	1	2	47	50

CARE OF MOTHERS AND YOUNG CHILDREN

Notification of Births.—Particulars are given in the following table of the births which were notified as occurring in Shropshire during 1959, with corresponding figures for the preceding four years :

Table 28 : Notifications of Births

Year	Live Births	Stillbirths	Total
1955	4,471	112	4,583
1956	4,533	122	4,655
1957	4,656	100	4,756
1958	4,855	106	4,961
1959	4,922	118	5,040

The births in 1959 indicated above, which include all those taking place within the County whether or not the mother is normally resident in Shropshire, were distributed as follows :

	Live Births	Still-births
Domiciliary	1,777	17
In Hospitals and Institutions	2,893	101
In Private Nursing Homes	252	—
TOTAL	4,922	118

Allowing for “transfers out” (infants born in Shropshire but normally resident elsewhere) and “transfers in” (Shropshire infants born outside the County), the adjusted figures are as follows :

				<i>Live Births</i>	<i>Still-births</i>
Actual				4,922	118
Transfers—Out				404	11
In				197	1
Adjusted				4,715	108

Premature Births, Stillbirths and Abortions.—For statistical and other purposes, infants whose birth weight does not exceed 5½ lb. are regarded as premature, irrespective of the period of gestation. The following table indicates the survival rate of premature infants born in 1959, whose mothers were normally resident in this County, together with corresponding figures for the preceding five years :

Table 29 : Premature Infants

Year	BORN				DIED			SURVIVED	
	At Home	In Hospital	In Nursing Home	Total	Within 24 hours	Between 2nd and 28th day	Total	Alive after 28 days	Survival rate %
1954	102	*215	14	331	27	24	51	280	84.6
1955	104	*221	6	331	28	22	50	281	84.9
1956	95	*230	6	331	33	16	49	282	85.2
1957	115	*262	7	384	32	18	50	334	86.9
1958	90	221	*20	331	15	19	34	297	89.7
1959	82	267	*17	366	31	16	47	319	87.2

*Includes births at R.A.F. Hospital, Cosford. All Nursing Home cases in 1959 survived (Table 30).

Particulars relating to the birth weights in the case of premature live births and premature stillbirths which took place in this County during 1959 are summarised in Table 30 on page 25.

Table 30 : Premature Live Births and Stillbirths, 1959

Weight at Birth	PREMATURE LIVE BIRTHS											PREMATURE STILLBIRTHS					
	Born in Hospital			Born at Home			*Born in Nursing Home						Born in Hospital	Born at Home	Born in Nursing Home		
				Nursed entirely at Home			Transferred to Hospital on or before 28th day			*Nursed entirely in Nursing Home						Transferred to Hospital on or before 28th day	
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days		
3 lb. 4 ozs. or less	32	15	14	4	1	2	2	1	—	2	—	2	—	1	24	4	3
Over 3 lb. 4 ozs. and up to 4 lb. 6 ozs.	55	4	45	5	2	3	7	3	4	1	—	1	1	1	11	—	1
Over 4 lb. 6 ozs. and up to 4 lb. 15 ozs. ..	62	1	61	4	—	4	8	1	7	4	—	4	1	1	6	1	—
Over 4 lb. 15 ozs. and up to 5 lb. 8 ozs. ..	118	3	114	45	—	44	7	—	5	6	—	6	—	—	8	3	—
TOTAL ..	267	23	234	58	3	53	24	5	16	13	—	4	—	3	49	8	4

Of 366 children who were born prematurely in 1959, a total of 319 (or 87.2 per cent.) survived after 28 days, irrespective of the place of birth (home, nursing home or hospital), or degree of prematurity as evidenced by birth weight.

*Includes R.A.F. Hospital, Cosford.

The Transport of Babies to Premature Units.—This is alluded to on page 42. Despite a few recent critics, such movings are undertaken in Shropshire in no haphazard way, but in accordance with principles long agreed with Paediatricians and reviewed periodically. Deliberation is preferred to panic, nor must speed be the only consideration. It is not useful to hurry in the wrong direction, and Florence Nightingale said that one of the basic principles of nursing should be to make the patient no worse.

Ten days before this was written, our Consultant Paediatrician in Shrewsbury reviewed our arrangements, but did not see fit to alter them: the day before writing, an unexpected and spontaneous letter from the Consultant Paediatrician at the Sorrento Maternity Hospital acknowledged the good condition in which the Shropshire babies reach her Premature Unit in Birmingham.

Phenylketonuria.—This term denotes a rare condition (suggested distribution one case in 20,000 population) wherein an inborn error of metabolism results in failure to convert Phenylalanine in protein to Tyrosine, with consequent excretion of Phenylpyruvic acid in the urine.

Research in the United States and this country has led eminent medical authorities to the view that if these cases are detected early enough (preferably under the age of four months) treatment with phenylalanine-restricted diet will almost certainly lead to a child of normal mentality instead of the severe mental affliction which would otherwise attend this condition.

Correspondence with a firm of manufacturing chemists indicated that a reagent strip would be available by the end of the year, whereby, at nominal cost, all young babies in the County could be screened for this condition, and the Council decided that such routine testing should be introduced from 1st January, 1960, and performed in all babies between the ages of six and ten weeks thereafter.

Taking the case distribution suggested above one would not expect to find more than one or two cases in five years with a birth-rate such as that in this County, but it is considered that the arrangements outlined above are well worthwhile to ensure the detection of even one case over such a period.

Birth Control Clinics.—Birth Control Clinics are held as follows :

- Welfare Centre, Murivance, Shrewsbury* (Commenced 13th June, 1951)
2nd and 4th Wednesdays each month 2 to 4 p.m.
- **Welfare Centre, Dinham, Ludlow* (Commenced 6th October, 1954)
1st Wednesday in February, April, June, September and November . . 2 to 4 p.m.
- Welfare Centre, Haygate Road, Wellington* (Commenced 15th February, 1956)
3rd Wednesday in February, April, June, September and November . . 2 to 4 p.m.

Each clinic is attended by a medical practitioner with specialist experience and advice is available only to married women in whom pregnancy would be detrimental to health and who are referred to the clinic by their doctor. No charge is made for consultation but patients are expected to pay for medical supplies prescribed.

Below are given particulars of attendances at these clinics from their commencement and up to 31st December, 1959 :

Table 31 : Attendances at Birth Control Clinics

Year	Sessions	Patients		Medical Supplies		
		New	Total Attendances	Prescribed	Issued free	Cost Recovered £ s. d.
<i>Shrewsbury</i>						
1951	13	56	60	47	4	13 8 2
1952	24	144	179	132	7	50 18 8
1953	24	142	220	128	8	72 0 6
1954	24	108	202	94	5	71 5 11
1955	24	98	173	78	4	71 4 8
1956	23	67	144	59	1	71 18 2
1957	23	64	142	59	1	80 15 10
1958	24	64	145	128	—	83 4 0
1959	24	70	149	138	1	88 18 10
<i>Ludlow</i>						
1954	3	6	6	6	—	1 7 7
1955	10	32	42	32	—	10 12 3
1956	5	12	32	12	—	7 5 6
1957	5	8	24	8	—	6 18 0
1958	5	6	21	17	—	8 1 10
*1959	3	8	18	18	—	4 17 6
<i>Wellington</i>						
1956	5	21	27	20	4	7 6 10
1957	5	23	34	23	5	10 5 6
1958	5	9	21	21	1	7 0 9
1959	4	6	32	32	7	8 1 6

*Because of small attendances, this clinic was discontinued after the session held in June, 1959.

Following representations by the newly-formed Shrewsbury and District Branch of the Family Planning Association, the County Council have, in 1960, granted them facilities to hold a weekly clinic at the Welfare Centre, Murivance, Shrewsbury.

In acknowledgment of the affording of free accommodation for their clinic sessions, the Association have agreed to give free advice to Shropshire cases recommended on medical grounds. Accordingly and because of the wider scope of facilities offered by the Family Planning Clinic, which would inevitably reduce attendances at the Council's Shrewsbury Clinic, it has been decided to discontinue the latter after the opening of the Family Planning Clinic on 4th July, 1960.

Welfare Centres.—Particulars are given below of the Welfare Centres provided by the County Council and of the services available; and the table on page 28 gives information with regard to the attendance at these and other voluntary clinics of pre-school children and expectant mothers during 1959.

Opening of New Welfare Centres.—Accommodation was rented in existing premises at East Hamlet Hall, Ludlow, for weekly child welfare sessions from 11th June, 1959.

Proposals to build a new Welfare Centre at Whitchurch adjacent to the Cottage Hospital, for joint use by local health and hospital services, which have been in abeyance owing to limitation in capital expenditure, were renewed at the end of the year when prospects for concrete action in the matter seemed to have improved.

At the end of 1959, one other welfare centre project remained outstanding, namely, the provision of new premises in Donnington where it is hoped that Welfare Centre facilities will be included in a future Community Centre.

COUNTY COUNCIL WELFARE CENTRES

KEY TO SERVICES

Local Health Authority :

- a. Ante-natal (a/m — Midwives; a/g — G.P.s)
- au. Audiology
- b. Birth Control
- c. Child Guidance
- ch. Chiropody
- d. Dental
- e. Immunisation and Vaccination
- f. Domestic Help Office
- g. Child Welfare
- h. Mental Health Occupation Class
- i. Minor Ailments
- j. Mothers Club
- k. Refraction
- l. Speech Therapy
- m. Welfare Foods

Hospital and Specialist Services, etc :

- n. Ante-natal exercise
- o. Chest
- p. Gynaecological
- q. Medical
- r. Ministry of Health examination sessions
- s. Ophthalmic
- t. Orthopaedic
- u. Paediatric
- v. Physiotherapy
- w. Psychiatric
- x. Skin
- y. Surgical
- z. Welsh Board examination sessions

(C)—Premises owned by County Council

(R)—Rented on sessional basis

<i>Centre</i>	<i>Address</i>	<i>Clinics</i>	<i>Frequency of Child Welfare Clinic</i>
BASCHURCH	Mrs. Dawson's Room	(R) e, g	2nd Tuesday
BISHOP'S CASTLE	Stone House	(R) e, g	2nd and 4th Fridays
BRIDGNORTH	(1) Northgate	(C) a, a/m, d, e, f, g, i, l, m Gp. 15 H.M.C.: o, w	Mondays
	(2) Grove Estate	(R) e, g, m Gp. 16 H.M.C.: p, q, s, t, u, v, x, y,	4th Thursday
BROSELEY	Victoria Institute	(R) e, g	1st, 3rd and 5th Thursdays
CHURCH STRETTON	Silvester Horne Institute	(R) a, e, g	1st and 3rd Thursdays
CLEOBURY MORTIMER	Parish Hall	(R) e, g, m	1st and 3rd Wednesdays
DAWLEY	Doseley Road	(C) a, a/g, d, e, g, j, l, m, n	Tuesdays
DONNINGTON	(1) Turreff Hall	(C) a, e, g, m	Wednesdays
	(2) Ordnance Depot	(R) e, g	2nd and 4th Fridays
ELLESMERE	Brownlow Road	(C) a, d, e, g, m	Tuesdays
HADLEY	Old People's Rest Room	(R) e, g, m	2nd and 4th Tuesdays
HIGHLEY	Miners' Welfare Annexe	(R) a, e, g, m	1st and 3rd Tuesdays
IRONBRIDGE	Severn Bank House, The Wharfage	(C) a, e, g, m	Fridays
LUDLOW	(1) Cliftonville, Dinham	(C) a, a/m, au, b, d, e, f, g, l, m, Gp. 15 H.M.C.: o	Mondays
	(2) East Hamlet Hall	(R) e, g	Thursdays
MADELEY	Church Street	(C) a, a/g, ch, d, e, g, l, m, Gp. 27 H.M.C.: t	Wednesdays
MARKET DRAYTON	Longslow Road	(C) a, d, e, f, g, i, k, l, m Gp. 15 H.M.C.: w	Wednesdays
MUCH WENLOCK	British Legion Hall	(R) a, e, g, m	2nd and 4th Tuesdays
NEWPORT	Boyne House, Beaumaris Road	(C) a, a/m, d, e, f, g, j, l, m	Fridays
OAKENGATES	Stafford Road	(C) a, d, e, g, k, m Gp. 27 H.M.C.: t	Fridays

<i>Centre</i>	<i>Address</i>	<i>Clinics</i>	<i>Frequency of Child Welfare Clinic</i>
OSWESTRY	Upper Brook Street	(C) a, c, d, e, f, g, h, i, l, m Gp. 15 H.M.C.: n, o, s, w Gp. 27 H.M.C.: t Others: r, z	Wednesdays
PONTESBURY	Public Hall	(R) e, g	2nd and 4th Tuesdays
PREES	Polish Camp, Higher Heath	(R) g	1st and 3rd Tuesdays
SHAWBURY	Parish Hall	(R) e, g, m	Tuesdays
SHIFNAL	Senior Social Club, Currier's Lane	(R) e, g, l	Mondays
SHREWSBURY	(1) Harlescott (2) Murivance (3) White House (4) Monkmoor	(R) e, g, m (R) a, au, b, e, g, i, j, l, m, n (C) a, g, m (R) e, g	Tuesdays Tuesdays and Fridays Thursdays and Fridays 1st and 3rd Tuesdays
ST. MARTIN'S	Old C. of E. School	(R) e, g	1st and 3rd Tuesdays
WELLINGTON	Haygate Road	(C) a, au, b, c, d, e, g, i, l, m Gp. 15 H.M.C.: w Gp. 27 H.M.C.: t Others: r	Thursdays
WEM	The Shrubbery	(C) a, d, e, g, m	Thursdays
WHITCHURCH	27 St. Mary's Street	(C) a, a/m, au, d, e, f, g, h, l, m Gp. 15 H.M.C.: o, w	Thursdays

Table 32 : Attendances at Child Welfare Centres during 1959

CENTRE	CHILDREN									EXPECTANT MOTHERS	
	Made first attendance when under 1 year	CASES				ATTENDANCES				New Cases (Post-natal in brackets)	Total Attendance
		Born in			Total	Under 1 year	1 but under 2	2 but under 5	Total		
		1959	1958	1957—54							
Baschurch	20	18	12	21	51	68	37	47	152	x	x
Bishop's Castle ..	24	19	10	4	33	163	73	102	338	x	x
Bridgnorth :											
Grove	26	19	23	47	89	119	66	102	287	1	1
Northgate	174	140	136	140	416	2,131	540	486	3,157	§64	92
Broseley	57	47	46	55	148	580	168	100	848	x	x
Church Stretton ..	46	29	45	48	122	320	191	176	687	—	—
Cleobury Mortimer ..	28	21	31	80	132	380	112	165	657	x	x
Dawley	101	87	73	143	303	979	175	308	1,462	—	—
Donnington :											
Turreff Hall	127	107	95	99	301	1,739	250	81	2,070	—	—
Depot	43	26	47	54	127	367	56	74	497	x	x
Ellesmere	66	51	51	67	169	902	240	169	1,311	10	10
Hadley	96	74	60	81	215	988	395	258	1,641	x	x
Highley	45	40	35	85	160	594	229	204	1,027	6	6
Ironbridge	57	38	40	42	120	532	143	93	768	—	—
Ludlow :											
Dinham	88	65	92	50	207	783	176	79	1,038	†34	117
*East Hamlet	19	17	4	—	21	224	23	7	254	x	x
Madeley	53	40	34	63	137	741	195	115	1,051	—	—
Market Drayton ..	118	104	104	130	338	2,065	499	335	2,899	11	17
Much Wenlock ..	41	36	28	27	91	441	129	112	682	(1)	(1)
Newport	138	104	122	308	534	2,112	1,079	1,744	4,935	†43	169
Oakengates	67	49	77	102	228	1,091	290	294	1,675	—	—
Oswestry	164	143	92	11	246	1,161	84	84	1,329	—	—
Pontesbury	63	40	28	51	119	330	146	179	655	x	x
Prees	15	14	2	19	35	119	42	98	259	x	x
St. Martins	38	35	41	27	103	328	94	72	494	x	x
Shawbury	49	49	50	59	158	913	239	171	1,323	x	x
Shifnal	57	49	59	81	189	824	156	154	1,134	x	x
Shrewsbury :											
Harlescott	127	107	111	143	361	2,113	324	363	2,800	x	x
Monkmoor	106	90	72	41	203	786	94	65	945	x	x
Murivance	296	237	219	180	636	2,703	568	341	3,612	143(13)	217(1)
White House	146	130	157	179	466	2,276	649	695	3,620	103(9)	179(1)
Wellington	183	141	126	220	487	1,983	557	452	2,992	—	—
Wem	66	53	49	69	171	962	183	333	1,478	—	—
Whitchurch	63	54	70	70	194	910	186	223	1,319	†77	335
TOTAL ..	2,807	2,273	2,241	2,796	7,310	32,727	8,388	8,281	49,396	492(23)	1143(2)

R.A.F. Child Welfare Centres

Bridgnorth	35	23	36	85	144	407	230	329	966	x	x
Buntingsdale	108	86	102	40	228	1,563	255	38	1,856	x	x
Cosford	46	37	45	77	159	508	178	299	985	x	x
†Tern Hill	47	33	33	6	72	173	19	—	192	x	x
TOTAL ..	236	179	216	208	603	2,651	682	666	3,999	x	x

*Opened 11th June, 1959.

†District Nurse's session.

xNo Ante-Natal Clinic.

‡Closed 31st October, 1959.

§Including District Nurse's session.

Care of Illegitimate Children and Unmarried Mothers

To deal with the various problems associated with the care of unmarried mothers and illegitimate children, the County Council have, since October, 1945, utilised the services of Moral Welfare Workers employed by the Lichfield and Hereford Diocesan Associations, to whom annual grants are paid by the Council. The County Council have two representatives on the Councils of each of these bodies.

As will be seen from the table below, the case load of the single-handed Lichfield Worker is a heavy one and concern has been felt for some time about the need for additional help with this work.

Following representations to this effect made by the County Council late in 1959, the Lichfield Diocesan Association decided to appoint an additional part-time worker to assist the full-time worker and to increase the hours of employment of their part-time clerical assistant.

The County Council have accordingly agreed to increase the present grant of £545 to £800 per annum with effect from the date on which the additional staff is engaged.

Confinements, actual and impending, of unmarried mothers are notified to the County Health Department by Health Visitors, District Midwives and Nurses, Hospitals and Institutions. The appropriate Moral Welfare Worker is then informed and she pays an initial visit as soon as practicable, and continues to visit each case as necessary.

Particulars are given in the following tables of the work undertaken during 1959 in the general supervision of unmarried mothers and illegitimate children, and it will be seen that 115 children came under supervision during the year, representing 63 per cent of the illegitimate births assigned to the County.

Table 33 : Supervisory Work undertaken

Association	Moral Welfare Workers	Case Visits	Unmarried Expectant Mothers coming under supervision
Lichfield	1	859	68
Hereford	2*	456	27
TOTAL ..	3	1,315	95

*One of these Officers also undertakes duties in the Hereford Archdeaconry, estimated to be equivalent to half her time.

Table 34 : Children Supervised

	Total	Lichfield	Hereford
On Register on 1st January ..	264	191	73
Added during year	115	84	31
Removed during year	118	84	34
On Register on 31st December ..	261	191	70

Removals from the Register are accounted for as follows:

Attained school age	47
Mother married—child with mother	19
Left County with mother	14
To adopters—in Shropshire	3
elsewhere	22
In care of Children's Officer	9
Died	3
To Dr. Barnardo's Home	1
	<hr/> 118 <hr/>

Accommodation for Unmarried Expectant Mothers.—In order to meet the accommodation requirements of unmarried mothers, both prior and subsequent to confinement, the Council have arrangements with the Shrewsbury Refuge and Shelter, Chaddeslode, with Myford House, Horsehay, and with St. Martin's Home, Hereford, for the admission of cases from this County.

Myford House and Chaddeslode receive annual grants from the Council and during the past few years these have been varied to help meet additional expense incurred by the Homes in maintenance and improvements. During 1959 these grants amounted to £350 in each case.

By arrangement with the Herefordshire County Council, five beds for Shropshire cases are reserved in St. Martin's Home, Hereford, maintenance costs being repaid on a proportionate basis.

Chaddeslode and Myford House provide a total of 31 beds (20 at Chaddeslode and 11 at Myford House) and this accommodation is also open to cases from neighbouring counties.

The Council have two representatives on the Chaddeslode Executive Committee, of which the Deputy County Medical Officer is also a member; and the County Medical Officer is a member of the Myford House Committee and of the Standing Committee of the Hereford Diocesan Association.

The following are the numbers of Shropshire cases admitted to Mother and Baby Homes during 1959 :

St. Martin's Home, Hereford	13
Chaddeslode, Shrewsbury	15
Myford House, Horsehay	8
Mrs. Hay Memorial Home, Wolverhampton ..	5
Mrs. Legge Memorial Home, Wolverhampton	2
	<hr/> 43 <hr/>

Report of the Principal Dental Officer

(Relating to dental work for Expectant and Nursing Mothers and Children under 5)

Because of the increasing amount of work required by school children, I have attempted merely to keep the service for expectant and nursing mothers and under school age children 'ticking over.' It will be noted, therefore, that compared with last year the overall figures are slightly lower. Even so, the service has only been made possible on this scale by the Dental Officers concerned volunteering to work evening sessions and so avoid taking up valuable school time. The time devoted to Maternity and Child Welfare work was 0.91 of that of a full-time Officer.

<i>Patients dealt with :</i>					1956	1957	1958	1959
Expectant and Nursing Mothers—								
Examined .. .. .	..	..	..	..	382	471	524	397
Treated .. .. .	..	..	..	..	482	562	609	424
Pre-School Children—								
Examined .. .. .	..	..	..	..	392	374	472	391
Treated .. .. .	..	..	..	..	379	332	424	373
<i>Treatment carried out—</i>								
Expectant and Nursing Mothers—								
Fillings inserted .. .. .	..	..	..	..	817	759	833	846
Extractions .. .. .	..	..	..	..	1,958	2,049	2,185	1,710
Dentures supplied .. .. .	..	..	..	..	235	290	315	270
Pre-School Children—								
Fillings inserted .. .. .	..	..	..	..	323	394	343	237
Extractions .. .. .	..	..	..	..	458	455	681	709
Dentures supplied .. .. .	..	..	..	..	—	1	—	—

Evening Sessions.—Out of a total of 396 sessions devoted to maternity and child welfare patients, 227 evening sessions were worked in Clinics at Shrewsbury, Bridgnorth, Wellington, Ludlow and Madeley, in an attempt to cover as much of the County as possible.

Pre-School Children.—An increasing number of children between the ages of 18 months and 3 years are now requiring multiple extractions. This state of affairs in a nation which prides itself on its 'bonny children' is appalling. The resulting chaotic effects in the majority of cases, on the permanent dentition in the form of malocclusion, has to be seen to be believed. I am convinced that the only real hope of reducing the caries rate in this County is by the introduction of a fluoridation scheme for all water supplies.

C. D. CLARKE,
Principal Dental Officer.

Table 35: Expectant and Nursing Mothers and Pre-School Children provided with Dental Care during 1959

				Examined	Needing treatment	Treated	Made dentally fit
Expectant and Nursing Mothers	..			397	396	*424	144
Children under five years	..	..		391	379	373	143

*Includes 30 cases brought forward from 1958.

Table 36 : Forms of Dental Treatment provided during 1959.

		Scalings or Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided		Radio-graphs
								Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers		140	846	18	—	1,710	171	140	130	50
Children under five years	..	11	237	103	—	709	284	—	—	6

Distribution of Welfare Foods

The County Council are responsible for the distribution of welfare foods (National Dried Milk, orange juice, cod liver oil and Vitamin A. & D tablets), a service which prior to July, 1954, was provided through the Ministry of Food.

There were on the 31st December, 1959, nine main distribution centres in the County, of which five were staffed by paid part-time workers; and four, through the kind offices of Mrs. I. M. Wilson, M.B.E., County Organiser of the Women's Voluntary Services, by voluntary workers.

In addition, 96 smaller selling points were in operation as under :—

County Council Welfare Centres	..	22
Services Welfare Centres	.. ..	2
Chemists' Shops	.. ..	3
Other Shops	.. ..	18
Post Offices	.. ..	23
Private Houses	.. ..	17
Schools	.. ..	8
Others	.. ..	3
TOTAL		96

Thanks are due to all who voluntarily distribute the foods at these points and in many cases also for allowing their premises to be used.

Statistical Report.—Particulars of the foods issued during the year ended 31st December, 1959, together with comparable figures for the previous year, are given below :

Table 37 : Welfare Foods Issues

Items of Food	Average Weekly Issues		Total Issues	
	1958	1959	1958	1959
National Dried Milk—tins	2,069	1,755	107,562	91,234
Orange Juice—bottles	2,346	2,318	121,992	120,510
Cod Liver Oil—bottles	330	309	17,160	16,068
A & D Vitamin Tablets—packets ..	227	234	11,804	12,194
TOTAL ..	4,972	4,616	258,518	240,006

NURSING STAFF AND SERVICES

Nursing Staff Employed by the County Council.—The following are particulars of the Nursing Staff in the employment of the County Council on 31st December, 1959, with corresponding figures for the two preceding years :—

Table 38 : Staffing and Establishment

Nursing Staff	Establishment	On 31st December		
		1957	1958	1959
Superintendent Nursing Officer	1	1	1	1
Deputy Superintendent Nursing Officer	1	1	1	1
Assistant Nursing Officers	2	2	2	1
Tuberculosis Health Visitor	41*	1	1	1
Health Visitors		28	29	32
School Nurses		3	3	3
Home Nurse Midwives	76	69	70	70
Home Nurses—whole-time	8	7	7	7
„ „ part-time	—	3	3	4
Home Nurse/School Nurse	—	—	—	1
Midwives	6	6	6	6
Relief Nurses—whole-time	6	3	4	2
„ „ part-time	—	5	5	9

*In addition to the establishment of 41 whole-time Health Visitors, provision is also made for the part-time services of District Nurse-Midwives as Health Visitors, equivalent to an additional 11 whole-time staff. This gives a total establishment of 52 Health Visitors, against which our whole-time employment as such generally averages about 40—see footnote to Table 48 on page 37.

District Training.—The Council's scheme for assisting District Nurse-Midwives to take a course of district training under the Queen's Institute of District Nursing was originally adopted in November, 1950, and is open to State Registered nurses who are also State Certified Midwives.

Training is given at an approved Queen's Training Home, normally for a period of six months, but if the trainee has been employed previously in district work for eighteen months or more, or holds the State Certified Midwife's Certificate, the period is reduced to four months.

On the satisfactory completion of training, the trainee is required to serve the Council for a period of one year, and then becomes eligible for a permanent appointment.

Only one candidate was recruited for training prior to 1954, but since then 14 candidates, including one recruited for a combined course of Health Visitor and District Training, have all passed their examination on the conclusion of their course.

Transport.—The majority of Nurses and Midwives, including full-time relief staff, are provided with motor transport for duty purposes, and the position on 31st December, 1959, was as follows :

Table 39 : Transport for Nursing Services

Nursing Staff	Cars		Bicycles
	County Council	Privately Owned	
Nurse-Midwives(81)	58	20*	3
Midwives (6) ..	2	3	1
Home Nurses (7) ..	2	4	—

*Including one scooter and side-car.

Housing of Nursing Staff.—The provision of satisfactory accommodation for nurses and midwives is a practical necessity in order to recruit and retain suitable staff. About one-third of the Council's nursing staff occupy privately owned or rented accommodation which will not be available to their successors.

To provide replacement accommodation, standard-type houses and bungalows, approved by the Ministry of Health, are erected as occasion requires. A house for two nurses at Hinstock was completed during the year, and a site acquired for the erection of a bungalow at Dorrington.

Particulars of the accommodation occupied by nurses and midwives in the Council's employment on 31st December, 1959, are as follows :

Houses and bungalows	{	owned by the Council	22
		rented by the Council	25
		owned or rented by nursing staff or their relatives	24
Flats ..		rented by nursing staff or their relatives	2
Rooms ..		rented by nursing staff	1
			74

Agency Arrangements.—Under an arrangement with the Radnorshire County Nursing Association, the home nursing and midwifery services in the parishes of Llanfairwaterdine, Bettws-y-Crwyn and Stowe, which have a population of 753 and an area of approximately 30 square miles, are provided by Radnorshire nurses, for whose services an annual grant of £300 has been paid by the Council. This has been increased in 1960 to £330 in the light of increased expenditure arising from salary awards to nursing staff.

An arrangement exists with the Montgomery County Council whereby the home nursing, midwifery, health visiting and domestic help services in the parish of Brompton and Rhiston are undertaken by Montgomeryshire nurses. This parish, which has a population of 118 and an area of 2.8 square miles, is bordered by Montgomeryshire on three sides and is easily approached only from that County. Payment for nursing services is made to Montgomeryshire on a population basis and is in the region of £50 per annum; and for Domestic Help by refund of actual costs.

Both of these arrangements were reviewed by the Health Committee during 1958 in the light of work in contiguous nursing districts and it was agreed that they should continue as before.

MIDWIFERY SERVICE

Except for the agency arrangements referred to above, the County Council, as Local Health Authority, provide a domiciliary midwifery service by the direct employment of midwives who, prior to 5th July, 1948, were employed by the various County District Nursing Associations.

The Council are also the Local Supervising Authority for the purposes of the Midwives Acts and supervision is carried out by a non-medical supervisor and three assistants.

Domiciliary and Institutional Confinements.—General Statistics.—The following statistics relate generally to the work of all midwives, both domiciliary (including those in private practice) and institutional , in this County during 1959.

Notice of Intention to Practise.—The following are particulars of State Certified Midwives who were in practice in this County on 31st December, 1959 :

Table 40 : Practising Midwives

	Midwives	Qualified to administer Gas/Air analgesia
Local Health Authority—		
Directly employed	87	86
Agency arrangement	4	4
Hospitals—National Health Service ..	56	56
Other	16	16
Nursing Homes	9	9
Private domiciliary practice	1	1
	173	172

Confinements.—The table below shows the numbers of confinements attended by midwives during 1959 :

Table 41 : Confinements attended by Midwives

Midwives	Domiciliary Confinements (Total 1,777)				Institutional Confinements (Total 3,159)	Total
	Doctor not booked		Doctor booked			
	Doctor present at delivery	Not present at delivery	Doctor present at delivery	Not present at delivery		
County Council	7	34	298	1,431	4	1,774
Agency	—	—	—	1	—	1
Private practice	—	—	5	—	—	5
N.H.S. hospitals	—	—	1	—	2,630	2,631
Other hospitals ..	—	—	—	—	302	302
Nursing Homes	—	—	—	—	223	223
TOTAL ..	7	34	304	1,432	3,159	4,936

Administration of Analgesics.—Particulars of the domiciliary cases in which analgesics (gas/air, trilene and pethidine) were administered during 1959 are as follows :

Table 42 : Analgesics

Midwives	Gas/Air		Trilene		Pethidine	
	Doctor present	Doctor not present	Doctor present	Doctor not present	Doctor present	Doctor not present
Council ..	181	711	99	464	233	890
Agency ..	—	1	—	—	—	1
Private ..	1	—	1	—	2	—
TOTAL ..	182	712	100	464	235	891

NOTE.—*Analgesics were given to 88% of those confined at home (see Page 35).*

Notifications.—The following particulars relate to notifications which midwives (domiciliary and institutional) are required by the Rules of the Central Midwives Board to send to the County Council as Local Supervising Authority and which were received during 1959 with comparative figures for the preceding two years :

Table 43 : Notifications issued by Midwives

Year	Medical Aid (1)	Stillbirths births (2)	Death of mother or child (3)	Artificial Feeding (4)	Liability to be a source of infection (5)	Having laid out a dead body (6)
1957	866	84	26	502	68	19
1958	790	50	11	605	67	20
1959	687	64	8	619	52	13

Work performed by County Council Midwives.—Information about domiciliary confinements attended by County Council and agency midwives is compiled from case reports submitted immediately after the midwife ceases attendance.

Deliveries.—During 1959, there were in all 1,781 domiciliary confinements, of which 22 were attended either by doctors alone, by private midwives or by ambulance midwives in emergency, leaving 1,759 cases in which a County Council or agency domiciliary midwife was in attendance.

Table VI on page 102 shows the distribution of these 1,759 cases throughout the Nursing Districts of the County. Attendance on these cases involved 18,034 ante-natal, 6,133 maternity and 27,445 midwifery visits—a total of 51,612 visits. On average, each case received 10 ante-natal and 19 midwifery or maternity visits from the midwife.

The 6 whole-time Midwives in the Borough of Shrewsbury attended 318 cases, or an average of 53 each; in the remainder of the County, where midwifery is combined with home nursing, and excluding cases attended by Agency midwives, whose work in Shropshire is only part of their duties, the district nurse-midwives averaged 20 cases each.

In addition, 2,140 cases were attended following discharge from hospital after confinement, involving 10,009 visits. This work, one feels, is less satisfactory to the domiciliary midwife, who may feel “slightly slighted” and that she has been denied the chances of exercising her professional skill at the confinement. It is hard to see how this sharing can be avoided; and our domiciliary midwives play their part well, and for the most part philosophically, in such cases.

Ante-natal care was also afforded by the domiciliary midwives to 97 cases booked for confinement in hospital, involving 908 visits.

The preceding details are repeated in the table below for comparison with work performed during the previous year :

Table 44 : Cases attended by Domiciliary Midwives

Year	Staff		Domiciliary Confinements					Discharged Institutional Cases	
			Cases	Visits				Cases	Visits
				Ante-natal	Maternity	Midwifery	Total		
1958	Midwives	6	315	3,192	435	5,194	8,821	333	1,517
	Nurse-Midwives ..	80	1,559	15,992	5,835	24,348	46,175	1,563	6,920
	TOTAL ..		1,874	19,184	6,270	29,542	54,996	1,896	8,437
1959	Midwives	6	318	3,240	727	4,955	8,922	379	1,857
	Nurse-Midwives ..	77	1,441	14,794	5,406	22,490	42,690	1,761	8,152
	TOTAL ..		1,759	18,034	6,133	27,445	51,612	2,140	10,009

Maternity Medical Services.—The Health Department midwives advise all expectant mothers to engage a doctor for Maternity Medical services. Of the 1,759 confinements, a doctor had been booked to provide maternity medical services in 1,718 cases (97.7 per cent); a doctor was present at delivery in 298 (17.4 per cent) of these cases.

Of the remaining 41 cases (2.3 per cent) in which no doctor had been booked, one was present at delivery in 7 cases (17 per cent).

Blood examinations.—Ante-natal blood testing of an expectant mother is necessary to detect anaemia; to determine Wassermann and Kahn reactions as tests for Syphilis; and to establish her blood group and, in certain cases, to see if antibodies are present.

By agreement with the Local Medical Committee, every midwife is supplied with blood tubes, labels and envelopes for specimens to be taken by the general practitioner and sent by the midwife to the Regional Blood Transfusion Centre in Birmingham. Where the practitioner does not wish to take the required specimens, the midwife is expected to refer the patient to a County Council medical officer at a Welfare Centre session, and the results of the test are subsequently notified to the practitioner concerned. Similarly, in domiciliary cases where a County Council midwife is not involved, blood testing outfits are sent to the practitioner on request.

All midwives have been supplied with Tallqvist test books for the estimation of haemoglobin. This test for anaemia is carried out by the midwife at the time of booking and again at the 30th week or thereabouts. Any case in which the haemoglobin level is below 75 per cent. is referred to the general practitioner concerned. This is a useful test, recommended and approved by knowledgeable experts. It saves lives, and to criticise it seems to me a disservice to patients and to good obstetric practice.

In about 85 per cent. of men and women their blood contains a property known as the “Rhesus Factor”; blood containing this property is called Rh. positive, and that without Rh. negative.

An expectant mother whose blood is Rh. negative and who is married to an Rh. positive man may give birth to a child who will develop anaemia and jaundice shortly after birth—a condition known as “Haemolytic disease of the newborn.” Prompt diagnosis and exchange blood transfusion afford the best chance of saving the lives of such babies.

To enable prompt action to be taken in such cases, midwives have been instructed to obtain cord blood specimens for immediate examination in the following circumstances :

- (a) when the laboratory investigations have shown that the child is likely to be born suffering from haemolytic disease ; OR
- (b) if the child at birth appears jaundiced, anaemic or oedematous; OR
- (c) if at birth the first inch or so of the cord at the umbilicus shows a greenish-yellow discolouration. (This is a valuable early sign of haemolytic disease, although exceptionally it may be seen in a normal child; and it is a sound practice to examine the cord routinely for this discolouration immediately a baby is delivered); OR
- (d) in all cases where *the mother’s blood has not been examined ante-natally.*

The reports for 1959 show that blood specimens were known to have been examined for the Rhesus Factor and the results notified to the midwife in 1,716 cases (97.6 per cent.) and for Wassermann and Kahn reactions (for Syphilis) in 1,486 cases (84.5 per cent.). This shows a considerable improvement on previous years, when the appropriate figures were as indicated in the table below.

Table 45 : Results of Blood Tests

Year	Rhesus Factor			Wassermann and Kahn		
	Tested	Positive	Negative	Tested	Positive	Negative
1959	1,716 (98%)	1,491 (85%)	225 (15%)	1,486 (85%)	—	1,486
1958	1,833 (98%)	1,584 (86%)	249 (14%)	1,548 (83%)	1	1,547
1957	1,669 (90%)	1,469 (88%)	200 (12%)	951 (51%)	5	946
1956	1,225 (63%)	1,061 (87%)	164 (13%)	658 (34%)	2	656

Coombs tests were performed in 231 cases. In 19 of these Rhesus grouping was not known and in none of these 19 cases was a Coombs positive result obtained.

In the remaining 212 cases, a positive report was obtained in 5 cases. In 3 cases there was evidence of jaundice: one was admitted to hospital and received an exchange blood transfusion; one was admitted for observation and discharged after 5 days since progress was good; and one progressed satisfactorily under medical observation at home. Another had no signs of jaundice but was admitted to hospital for observation and discharged after 5 days. All have developed normally and continue healthy.

The fifth infant's condition at birth was satisfactory, with haemoglobin normal, and she has developed well although there is a suggestion that her hearing may be impaired: this is being investigated.

Analgesics.—Nineteen sets of apparatus for the administration of Trilene were in use during 1959 by selected midwives in the busiest midwifery areas.

All but one of the midwives employed by the Council have been trained in the use of the Minnitt apparatus for the induction of Gas/Air analgesia and 77 apparatuses were in use during 1959.

Pethidine was administered, without inhalation analgesics, in 105 cases and, in conjunction with trilene and/or gas/air in a further 1,019 cases—a total of 1,124 confinements or 64 per cent.

Trilene was given in 131 cases, and in conjunction with pethidine or gas/air in a further 432 cases—a total of 563 or 32 per cent. of the domiciliary confinements.

Gas/air was induced on its own in 283 cases, and in conjunction with one or both of the analgesics already named in 610 cases—893 confinements in all or 51 per cent.

Analgesics, singly or combined with others, were therefore given in 1,541 cases—88 per cent. of the 1,759 domiciliary confinements.

Births.—The domiciliary confinements attended by County Council midwives resulted in the birth of 1,732 live infants, 11 pairs of live twins, 2 pairs of twins of which one infant was alive and one stillborn, and 14 single still-births.

Of the 16 confinements resulting in stillbirths, the mother's blood group was Rhesus positive in 13 cases, negative in 2 cases and in one case was not known to have been tested. These cases received 135 ante-natal visits—an average of 8.5 visits per case, as against 10 for all cases. This reduction in ante-natal visits was due in some degree to late bookings of the midwife and certainly ante-natal care is best commenced early.

Premature births.—Seventy-six of the 1,759 confinements resulted in the birth of a live infant weighing $5\frac{1}{2}$ lb. or less.

Parity.—Of the 1,759 confinements, 300 or 17 per cent. occurred in primigravida.

General.—Complications, either during or after pregnancy, arose in 342 cases.

For one reason or another, removal to hospital was necessary in 82 cases, as under :

Mother	..	..	50
Child	..	..	14
Both ..	..	..	18

From the date of booking by the midwife to the termination of the puerperium, these 1,759 cases involved 223,636 days under care, or an average of 127 days per case.

Relief arrangements.—There are 56 nursing districts in the County and for the purposes of relief during sickness and holidays these are grouped together in convenient areas of three to four districts to provide mutual relief.

In the busier districts with a heavy case load, which are limited in number, a relief nurse is available to help, supplemented by assistance from neighbouring districts.

No night rota system has been deemed necessary since the annual average case load is no more than 20 where midwifery is combined with home nursing, and 53 in areas where it is carried on independently.

Puerperal Pyrexia.—Under the Puerperal Pyrexia Regulations, 1951, medical practitioners are required to notify as Puerperal Pyrexia any febrile condition occurring in a woman in whom a temperature of 100.4 degrees Fahrenheit or more has occurred within 14 days after childbirth or miscarriage.

During 1959, the number of cases of Puerperal Pyrexia notified was 16 (none of which proved fatal), compared with 15 in the previous year.

Ophthalmia Neonatorum.—During 1959, notifications were received from medical practitioners of 3 cases of Ophthalmia Neonatorum—defined in the relevant Regulations as “a purulent discharge from the eyes of an infant commencing within 21 days from the date of its birth” and resulting, if untreated, in blindness.

All these cases recovered, apparently without injury to the eyesight.

Pre-Eclamptic Toxaemia.—Cases confined in 1959 in whom Toxaemia had been reported and who had been the subject of special ante-natal care—visits by the midwife weekly or more frequently and progress reported on each occasion to the Health Department—numbered 225 (274), of whom 152 (172) were subsequently confined at home and 73 (102) in hospital. There were 5 (5) stillbirths, representing 2.2 (1.8) per cent. of these confinements, and 2 (2) babies died shortly after birth. In addition 16 (25) of the confinements resulted in a “premature” weight birth (5½ lb. or less).

Some figures in this connection for 1958 are in parentheses. For what they are worth they may be encouraging as showing a reduction in toxaemia cases and we can watch and hope that the figures for years to come will continue to show reductions.

Maternity Outfits.—Under the National Health Service Act, 1946, maternity outfits are supplied by the County Council, without charge, to domiciliary confinement cases.

A supply of these outfits, and a stock of extra dressings, is held by every domiciliary midwife, who issues them on request. Since 1st April, 1957, outfits have been delivered by the manufacturers direct to the district midwives and a central stock is held in the County Health Department for issue to cases in the Borough of Shrewsbury.

During 1959, a total of 1,968 outfits was issued to domiciliary confinement cases in the County.

Admission of Maternity Cases to Hospital.—Maternity patients are admitted to hospital on two grounds, namely, medical and “social.” When admission is required on medical grounds arrangements are made by the medical practitioner in attendance; but when admission is desired for other than medical reasons arrangements for admission are made through the Medical Officer of Health of the Local Health Authority for the area in which the patient lives.

Applications to the County Health Department by general practitioners for the admission of patients to hospital on “social” grounds are referred to the Bed Bureau for the reservation of a hospital bed, but direct applications from patients or midwives are investigated in order to ascertain whether the home circumstances are such that confinement can properly take place at home.

This procedure is undertaken at the request of the Regional Hospital Board to relieve pressure on maternity accommodation in hospitals. Where, however, unoccupied maternity beds are available after the admission of essential cases, hospitals concerned may at their discretion admit patients who do not qualify on “social” grounds.

During 1959, applications were received in respect of 892 maternity patients for admission to hospital on “social” grounds (compared with 822 patients in the previous year). Of these, 10 were withdrawn by the patients before beds were reserved and the remaining 882 cases are accounted for as follows :

Recommended for hospital confinement and accepted by hospitals concerned	877
(Of these 18 patients cancelled their reservations)	
Recommended, but refused by hospital on account of non-availability of beds	Nil
Not recommended	5
(Of these, 2 patients were known to have been accepted subsequently for hospital confinement as beds were available)	882

With the coming into operation of the National Health Service Act there was an increase in the proportion of institutional confinements, and a fall in the proportion taking place at home; and the following figures show that in Shropshire, domiciliary confinements, expressed as a percentage of all confinements, having remained stabilised at a figure above the average for the Country as a whole during the last few years, decreased in 1957, 1958 and 1959.

Table 46 : Domiciliary and Institutional Confinements

Year	Total	Confinements		Percentage of Domiciliary Confinements
		Domiciliary	Institutional	
1946	4,377	2,292	2,085	52%
1947	5,248	2,760	2,488	53%
1948	4,787	2,217	2,570	46%
1949	4,872	2,244	2,628	46%
1950	4,785	2,016	2,769	42%
1951	4,662	2,064	2,598	44%
1952	4,766	2,080	2,686	44%
1953	4,752	2,055	2,697	43%
1954	4,610	2,034	2,576	44%
1955	4,534	1,963	2,571	43%
1956	4,600	1,972	2,628	43%
1957	4,695	1,894	2,801	40%
1958	4,895	1,893	3,002	39%
1959	4,977	1,781	3,196	36%

Medical Practitioners (Fees) Regulations, 1948.—Under the Rules of the Central Midwives Board a midwife is required in certain defined circumstances to seek medical assistance by the issue of a Medical Aid Form, and this remains a Rule of the Board and a firm instruction to our Salop midwives. The fee payable by the County Council (as Local Supervising Authority) under the Medical Practitioners (Fees) Regulations is not claimed where a medical practitioner has already undertaken to provide maternity medical services under Part IV of the National Health Service Act, 1946 ; in this latter case payment is made by the Local Executive Council.

The position for the twelve years 1948 to 1959 is set out below, and it will be seen that there has been a consequent reduction in the number of claims made against the Local Supervising Authority :

Table 47 : Payments made by County Council under Medical Practitioners (Fees) Regulations

Year	Claims for Payment	Payments by County Council
		£
1948	496	1,296
1949	334	1,168
1950	195	528
1951	150	553
1952	135	398
1953	80	267
1954	19	56
1955	31	123
1956	36	110
1957	31	117
1958	21	68
1959	28	77

HEALTH VISITING

Under the National Health Service (Qualifications of Health Visitors and Tuberculosis Visitors) Regulations, 1948, no nurse is allowed to undertake health visiting duties unless she has obtained the Certificate of the Royal Society of Health, or an equivalent qualification. Under a special dispensation of the Ministry of Health, however, nurses without this qualification are allowed to undertake certain health visiting duties. Dispensation in respect of part-time Health Visitors employed in this County who do not possess the Health Visitor's Certificate was originally given by the Ministry for a period of two years from 1st May, 1949, and has been extended periodically, at present to 31st March, 1961.

The following table indicates the numbers of Health Visitors and Nurse-Midwives engaged, whole-time and part-time respectively, in health visiting duties :

Table 48 : Health Visiting Staff employed by the County Council

	Authorised Whole-time Establishment	On 31st December		
		1957	1958	1959
Tuberculosis Health Visitor	41	1	1	1
Health Visitors and School Nurses		31	32	35
District Nurse-Midwives (with Health Visitor's qualifications)	11	11	11	13
" " " (without Health Visitor's qualifications)		23	20	20
	52	66	64	69

Note.—The 33 District Nurse-Midwives undertaking part-time Health Visiting duties on 31st December, 1959, were regarded as equivalent to 6.7 whole-time staff, giving a total of 39.7 whole-time Health Visitors, against an establishment of 52.

Health Visitor Training Scheme.—The Council's Training Scheme, originally adopted in March, 1947, is open to State Registered Nurses under 35 years of age who have either obtained the State Certified Midwives Certificate, or have completed Part I of the training for that certificate, and who are willing to enter into a contract of service with the County Council for a period of thirty-three months from the date of commencement of training. Under this scheme, the training and examination fees are met by the County Council and the student receives in respect of her period of training (approximately nine months in duration) three-quarters of the minimum salary for a Health Visitor. A trainee already in the Council's service, however, whose salary as a nurse-midwife is above the minimum for a Health Visitor, receives during training three-quarters of the salary she was receiving immediately prior to training.

On the successful completion of training, the student enters the Council's service for the remaining period (two years) of her contract at the appropriate point on the Health Visitor's salary scale and at the end of this period, subject to satisfactory service, she is offered permanent employment in the County.

The approximate cost to the County Council of training a Health Visitor under this scheme is set out below :

	£	s.	d.
During training (75 % of minimum salary) ..	368	8	9
Tuition fee (average)	20	0	0
Examination fee	8	8	0
Travelling allowance (5/- per week)	9	15	0
	£406	11	9

Since the inception of the Scheme in 1947, until 31st December, 1959, the number of students accepted for training was 37, of whom 33 were successful in obtaining their Certificates. One student recruited during 1959, was in training at the end of the year.

Work performed.—During the year, the duties of whole-time and part-time Health Visitors involved visits, for one reason or another, to 16,532 families in this County, compared with 15,160 families visited in 1958. Most of their visits were to children under 5 years of age, of whom 23,814 individual children were visited, as against 23,071 in the previous year. Particulars of these visits are summarised in the table below, with corresponding figures for 1957 and 1958 :

Table 49 : Visits paid by Health Visitors

Health Visiting Staff		Expectant Mothers		Children				T.B. House-holds	Other Cases	All Visits— Total
				Under 1 year		1 and under 2 years	2 and under 5 years				Total Visits
		First Visits	Total	First Visits	Total					
Whole-time ..	419	817	3,990	23,216	10,780	16,392	50,388	2,593	6,054	59,852
Part-time	—	—	750	8,306	3,960	4,886	17,152	282	1,299	18,733
Total for 1959 ..	419	817	4,740	31,522	14,740	21,278	67,540	2,875	7,353	78,585
„ „ 1958 ..	484	818	4,632	28,155	14,521	21,672	64,348	2,767	6,913	74,846
„ „ 1957 ..	455	670	4,560	28,625	13,921	22,878	65,424	2,648	5,666	74,408

In addition, ineffective visits to all categories of cases during the year totalled 8,851, or 11 per cent. of the total visits.

The above table does not include the work of the whole-time Tuberculosis Health Visitor, who made 427 effective and 82 ineffective visits to tuberculous households, attending also out-patient sessions at the Chest Clinics held in different parts of the County under Hospital Management Committee arrangements, and thereby facilitating and maintaining close contact therewith.

The agency arrangement with Montgomeryshire referred to on page 32 also covers health visiting in the parish of Brompton and Rhiston and during 1959 agency Health Visitors carried out 28 visits, involving 8 children under 5 years in 7 families.

In my Annual Report for 1958 I felt it incumbent on me to reiterate my belief in the Health Visitor as the domiciliary social worker par excellence in preference to the social service diplomée academically trained, and these remarks attained moderate publicity. Some doctors and bodies who had long experience of domiciliary social work acclaimed them, some lacking in knowledge of the laws of England, and in practical experience of domiciliary social work seemed to have read into them what was not there. This misunderstanding is raising its head again as I write this and I am, for example, surprised to be accused by my consultant professional colleagues of ‘being against Almoners.’ This is far from being the case. I have nothing but praise and admiration for the good work of Almoners in Hospitals and I agree that they are an indispensable part of Hospital and Specialist Services under Part II of the National Health Service Act, that is, as the Act says “at or for the purposes of hospitals.” But equally it is a fact that Part III of the same National Health Service Act, relating to Local Health Authority Services, places responsibility for the domiciliary social services fairly and squarely on the shoulders of the County Council, just as the latter is named as Education Authority under Part II of the Education Act, 1944, and as Local Welfare Authority under Part III of the National Assistance Act, 1948, and these are simple facts of law as determined by Parliament.

So whether or not a new army of Trained Social Workers is enrolled as envisaged by the Younghusband Committee—and that and *not* Almoners is what I was alluding to in my 1958 Report—or even if the Part II Hospital Authorities elect to undertake domiciliary work separately, the County Council must continue to carry out these statutory duties until Parliament decree otherwise. If more than one Authority attempts to carry out the domiciliary work it cannot be gainsaid that there is likelihood of duplication and confusion.

Indeed, I have felt during the last year, as a student with a long term interest in these matters, that one of the principal charges which could be levelled against my Department and myself is that we do not advertise our functions as we should. My incredulous ears may have deceived me, but I thought they heard a specialist colleague in 1960 say that I and my Department ‘have no knowledge of children under 5 years of age.’ The facts of course are that County Council midwives are generally the first to hear of the new baby’s conception, and they attend the majority of the expectant mothers. Every birth is notified to me so that the County Council Health Visitor can assume social responsibility for the child from about two weeks old, and continue till it enters the ambit of the County Council School Health Service.

So long as these facts are not appreciated, it is open to the public reading or hearing of modern social science, to acquiesce in the implication that the existing authorities responsible for domiciliary social work are not doing it or do not know how to do it. Believing that both these latter premises are wrong I remain in 1959 and 1960 an unrepentant defender of my employing authority and staff, though as I wrote in my Report for 1958, I by no means “deny to others their proper sphere.”

HOME NURSING

As in the case of domiciliary midwifery service, the Council provide home nursing by the direct employment of the nurses who were, previous to 5th July, 1948, employed by the various District Nursing Associations; and by agency arrangements in the parishes of Brompton and Rhiston and Llanfairwaterdine, Bettws-y-Crwyn and Stow.

Of the 7 full-time Home Nurses in the service of the Council at the end of 1959, six were employed in Shrewsbury and one in Ludlow. Elsewhere in the County, home nursing duties are undertaken by the home nurse-midwives in the various nursing areas.

Cases attended.—Every case attended for home nursing purposes is the subject of a case report, completed by the nurse on termination of attendance or at the end of the year where the patient is still on the nurse's books on 31st December. From these reports punch card statistics are obtained to meet the requirements of the Ministry of Health and facilitate study of varying aspects of the Nursing Service.

During 1959, home nursing was provided for 6,945 patients, who received 143,156 visits. Compared with the previous year, cases decreased by 218 and visits by 10,324.

The table below compares work performed in 1959 with that of the previous year. The 7 whole-time Home Nurses each attended on average 133 cases for 3,927 visits or 30 visits per case; excluding the agency nurses, whose work in Shropshire is only part of their duties, the nurse-midwives attended 82 cases each for 1,580 visits—an average of 19 visits per case.

Table 50 : Home Nursing Cases Attended

Year	Staff	Cases attended	Total Visits
1958	Home Nurses . . 7	903	27,243
	Nurse-Midwives 80	6,260	125,237
	TOTAL	7,163	153,480
1959	Home Nurses . . 7	932	27,487
	Nurse-Midwives 77	6,013	115,669
	TOTAL ..	6,945	143,156

Home Nursing cases attended in 1959, as already stated, were less than in the previous year. In fact, since the collation of statistics from individual case reports was first started in 1956, there has been a progressive annual decrease in the numbers of cases reported upon as receiving home nursing care. Noticeably in 1959 there were less cases attended for conditions such as diseases of the heart and arteries (126 less), diseases of the digestive system (113 less), and diseases of the skin and subcutaneous tissues (102 less). On the other side, cases attended suffering from upper respiratory diseases increased by 111 and anaemia cases by 82. Significant fluctuations over the past four years are given in the table below :

Table 51 : Variations in types of Home Nursing Cases

Condition	1956	1957	1958	1959	Comment
Anaemia	359	391	467	549	Progressive increase Variation due to epidemics
Upper respiratory diseases . .	388	466	248	359	
Tuberculosis	112	81	68	34	Progressive decrease
Diabetes mellitus	185	150	146	126	
Ear conditions	257	237	196	139	
Other respiratory diseases . .	594	540	430	397	
Diseases of the skin	751	789	606	504	

Statistics are cold facts, and are necessary to permit adjustment of case loads and of methods to meet new trends, but they give little or no indication of the time and skill given with such devotion by the field workers to chronic cases requiring long and continuous care. The following is a note by a nurse who, for almost 8 years, has been in constant attendance upon such a case :

“Mrs. X, with a history of toxæmia with two previous pregnancies, had severe hypertension and albuminuria with her third pregnancy in 1948, terminating in the delivery of a living male child by Caesarean section at 34 weeks, the baby weighing 3½ lb. Hypertension persisted, in a very severe degree, and kidney function remained impaired. After a period of a year, hypertensive heart failure became evident and Mrs. X was transferred to hospital where she remained until February, 1952, when she was discharged with a possible six months to live.

It is due to the unfailing patience, skill and perseverance, combined with great kindness, of her doctor, and the facilities afforded by the National Health Service which affords drugs where needed and irrespective of their cost, that Mrs. X has lived to see her child reach his eleventh birthday. Her family have cared for her throughout with wonderful devotion and it is only recently that some home help was accepted.

From the nursing aspect, intermittent care was given by us, including supervisory and nursing care of the baby from 1948—1952, when we took over full nursing care. Since February, 1952, it is interesting to note that daily injections of 2 ccs. Mersalyl and nightly injections of Omnopon and Scopolamine were given without interruption, and no visit was missed during that time. In addition to these drugs, phenobarbitone, sodium amytal nightly for the last 4—5 years, digitalis, heparin, largactil and other drugs have been used constantly to attack signs and symptoms associated with complications and crises as they appeared.

During the crises which occurred from time to time and when it appeared that survival was no longer possible, Mrs. X had almost continuous medical and nursing care and supervision over 24 hours, and her doctor used every drug, which might help, wisely and with unexpected results. It is incredible that a body with so much failure should tolerate so much therapy, and it is equally certain that the patient would have died years ago without it.

Throughout these years, Mrs. X has been able to take part in ordinary domestic life as an onlooker, and she has been an active mother to her boy in a supervisory and mother-love capacity. This has been a wonderful blessing to a boy who, born premature, has remained delicate and prone to illness, and who also had to have one eye removed at the age of 2 years because of some acquired or congenital fault. He has, however, recently gained a scholarship and is now at High School. The husband and father has been a wonderful man and it has been an inspiration to us and to the family doctor to observe his loving care of wife and son."

Table VII on page 103 gives information by disease categories (medical, surgical, infectious diseases, tuberculosis, maternal complications and miscellaneous) of the cases attended during 1959 in each nursing district of the County, including those covered by agency arrangements.

Of the 6,945 cases attended :

- 3,035 (or 43.7 per cent.) were 65 years or over at the time of the first nursing visit during the year, and received 92,228 visits (64.4 per cent of the total);
- 526 (or 7.6 per cent.) were children under 5 years and received 3,470 visits (or 2.4 per cent. of the total); and
- 1,289 (or 18.6 per cent.) received more than 24 visits during the year and accounted for 102,448 visits (71.5 per cent. of all visits).

Increasing use of this Service for the aged is shown by the table below which, read in conjunction with Table 97 on page 66 relating to the provision of Home Help for the elderly and chronic sick, gives a clear picture of the rôle played by these Local Health Services in enabling the aged to be cared for in their own homes and reducing the burden on accommodation in hospitals and welfare homes.

Table 52 : Home Nursing of the Aged

Year	Cases		Visits	
		%		%
1953	2,558	23.4	69,210	41.5
1954	2,827	22.7	69,325	41.6
1955	2,877	22.4	78,800	40.6
1956	3,072	39.1	93,863	60.4
1957	3,033	39.5	96,088	61.0
1958	3,119	43.5	99,388	64.8
1959	3,035	43.7	92,228	64.4

Diseases.—Table VIII on page 104 shows the distribution, by diseases or ailments and according to sex and age groups, of all home nursing cases attended during the year.

In order of frequency, upper and other respiratory diseases (excluding Tuberculosis), injuries, diseases of the breast and female genital organs, anaemia, diseases of the skin, diseases of the digestive system and diseases of the heart and arteries were the most common types of cases necessitating home nursing attendance, and accounted for 58 per cent. of all cases.

Referral.—An analysis of the sources by which the services of home nurses were requested shows that the majority of cases were referred by general practitioners, as indicated below :

Table 53 : Referral

Source of Referral						Cases	Percentage
General Practitioners	..	..	..	..	..	5,008	72.1
Direct application by patient or relatives	..				..	1,095	15.8
Hospitals	..	..	..	..	..	770	11.1
Local Authority	..	..	..	..	..	29	0.4
Chest Clinic	..	..	..	..	..	1	—
Miscellaneous	..	..	..	..	..	42	0.6
TOTAL						6,945	100.0

Nurses attend patients only with the concurrence of the family doctors concerned.

Occupations.—Female patients formed the bulk of those attended—4,620 (66.5 per cent.) against 2,325 males (33.5 per cent).

The table below shows the distribution of home nursing cases according to their occupations and it will be seen that housewives provide the major part of the nurses' work :

Table 54 : Occupations

Occupation					Males	Females	Total	Percentage
Pre-School	..	..	..	..	309	216	525	7.6
School	..	..	..	..	268	220	488	7.0
Actively employed	..	..	..	..	900	388	1,288	18.6
Housewives	..	..	..	..	—	3,526	3,526	50.8
Retired	..	..	..	..	797	200	997	14.3
Others (independent means, etc.)	..				51	70	121	1.7
					2,325	4,620	6,945	100.0

The percentage of retired persons may seem rather contradictory in relation to Table 52, but the simple explanation is that housewives do not retire !

Treatments.—Of the 6,945 patients visited, 5,213 or 75 per cent. were attended for one particular purpose; 1,316 patients (19 per cent. of the total) were attended solely for injections, 1,367 (20 per cent.) solely for dressings and 989 (14 per cent.) for general nursing care only.

The statement below indicates the types of treatment given and the cases treated, those receiving more than one type of treatment being classified under that constituting the main reason for nursing attendance.

Table 55 : Treatments

<i>Treatment</i>							<i>Cases</i>	<i>Total</i>	<i>Visits</i>	<i>Total</i>
Injections	..	..	..	..	..	..	1,316		30,771	
„	with dressings	..	..	..	..	..	202		4,640	
„	with general nursing care	..	..	..	..	..	241		6,915	
„	with other treatments	..	..	..	..	..	314		10,795	
							—	2,073	—	53,121
Blanket Baths	..	..	..	..	..	..	216		6,419	
„	with general nursing care	..	..	..	..	..	254		9,650	
„	with other treatments	..	..	..	..	..	51		1,646	
							—	521	—	17,715
Enemas	..	..	..	..	..	..	285		1,402	
„	with other treatments	..	..	..	..	..	137		3,291	
							—	422	—	4,693
Dressings	..	..	..	..	..	..	1,367		24,145	
„	with general nursing care	..	..	..	..	..	97		3,568	
„	with other treatments	..	..	..	..	..	95		3,947	
							—	1,559	—	31,660
Changing of pessaries	..	..	..	..	..	..	202		433	
„	with washouts, douches, etc.	..	..	..	..	..	91		352	
„	with other treatments	..	..	..	..	..	4		25	
							—	297	—	810
Washouts, douches, etc.	..	..	..	..	..	..	213		1,860	
„	with other treatments	..	..	..	..	..	77		1,622	
							—	290	—	3,482
General nursing care	..	..	..	..	..	..	989		23,554	
„	with other treatments	..	..	..	..	..	10		178	
							—	999	—	23,732
Attendance at minor operations	..	..	..	..	..	..	5		31	
							—	5	—	31
Preparation for diagnostic investigations	..	..	..	..	..	..	160		243	
							—	160	—	243
Eye, ear, nose and throat treatments	..	..	..	..	..	..	130		3,245	
							—	130	—	3,245
Others	..	..	..	..	..	..	489		4,424	
							—	489	—	4,424
								6,945		143,156

Injections.—It will be seen from the above figures that 2,073 patients (30 per cent. of all cases) received injections during 1959, and that 1,316 of these (63 per cent. of injection cases) were attended solely for that purpose.

In all, injection cases accounted for 53,121 visits (37 per cent. of the total) and those who had injections only without any other form of treatment received 30,771 visits (21 per cent. of all visits).

Many cases, particularly those suffering from diabetes and anaemia, were visited every day of the year. (See also note on page 39 supra).

Table 56 shows, by disease or ailments, the numbers of cases whose treatment included injections, either solely or in conjunction with other treatments, and indicates anaemia, respiratory diseases, diseases of the heart and arteries, and diseases of the skin to be the principal conditions necessitating home nursing attention for injections.

Table 56 : Nursing cases receiving injections

Disease	Cases receiving Injections				Visits
	Injections only	With general nursing care	With other treatments	Total	
Tuberculosis	19	2	2	23	871
Other infectious diseases	14	4	3	21	289
Parasitic diseases	1	—	—	1	6
Malignant and lymphatic neoplasms	12	17	25	54	2,127
Asthma	26	7	2	35	784
Diabetes mellitus	64	11	23	98	13,779
Anaemia	496	19	31	546	14,038
Vascular lesions affecting central nervous system	3	10	9	22	1,051
Other mental and nervous diseases	25	6	5	36	897
Diseases of the eye	2	—	4	6	500
Diseases of the ear	28	—	23	51	371
Diseases of the heart and arteries	101	40	36	177	7,299
Diseases of the veins	5	—	17	22	542
Upper respiratory diseases	107	14	40	161	1,008
Other respiratory diseases	73	78	47	198	2,134
Constipation	—	—	3	3	34
Diseases of the digestive system	32	2	12	46	380
Diseases of the urinary system and male genital organs	11	—	7	18	290
Diseases of the breast and female genital organs	54	4	38	96	1,006
Complications of pregnancy and the puerperium	57	15	13	85	926
Diseases of the skin and subcutaneous tissues	86	1	99	186	1,859
Diseases of the bones, joints and muscles.. .. .	32	2	11	45	1,107
Injuries	22	3	52	77	752
Senility	10	1	7	18	509
Other defined and ill-defined diseases	34	5	7	46	513
Diseases not specified	2	—	—	2	49
	1,316	241	516	2,073	53,121

Nursing of Children.—No special arrangements are in force for the nursing of sick children, other than those applicable to premature infants. Premature baby cots, complete with stand, mattress, blankets, mackintosh sheet, hot water bottles and special feeder are held by home nurses and midwives in strategic parts of the County for use in such cases. Excellent liaison exists between the Department and Dr. Macaulay, Consultant Paediatrician, the Monkmoor Children’s Hospital, Copthorne Hospital and Dr. V. Mary Crosse, Consultant Paediatrician of the Sorrento Maternity Hospital, Birmingham.

Figures in Table VIII on page 104 show that 526 children under 5 years of age and 457 of school age received home nursing treatment during 1959. The principal causes necessitating attendance are summarised below :

Table 57 : Principal causes of Home Nursing for Children

Diseases	Children 0—15 years		
	Males	Females	Total
Injuries	141	107	248
Upper respiratory diseases	62	70	132
Diseases of the skin and subcutaneous tissue	70	71	141
Diseases of the ear	31	21	52
Other respiratory diseases	39	30	69
Diseases of the digestive system (other than constipation)	27	30	57

Completed Cases.—Of the 6,945 cases attended, 5,913 (or 85 per cent.) were removed from the books for varying reasons during the year. Table IX on page 105 gives particulars of these cases by diseases, length of time on the books, visits, etc.

The reasons for cessation of home nursing attendance are summarised below :

Table 58 : Cases removed from Registers

	Cases	Percentage
Recovered, relieved or convalescent	3,870	65.4
Admitted to hospital or nursing home	718	12.1
Died	613	10.4
Out-patient, X-ray, own doctor, etc.	433	7.3
Gone away	211	3.6
Treatment undertaken by patient, relative, etc.	33	0.6
Discontinued	22	0.4
Others	13	0.2
	5,913	100.0

Of the patients who died, major causes were cancer (22 per cent.), vascular lesions affecting the central nervous system (22 per cent.), diseases of the heart and arteries (18 per cent.) and senility (14 per cent).

Each patient was attended on the average for 58 days and required 24 visits, or 2.9 visits per week. Night visits—those between the hours of 9 p.m. and 8 a.m.—were few, amounting to 2 per cent. of the total visits, and averaging three such visits per month for each nurse. The bulk of night visits are attributed to the case specifically referred to on page 39, which accounted for 2,723 of the total of 3,011 night visits.

VACCINATION AND IMMUNISATION SERVICE

Vaccination against Smallpox.—Successful vaccination gives, after about 12 days, complete protection against death from Smallpox, and almost complete protection against catching the disease even when exposed to it. This protection lasts for some years, and is then renewable safely and easily.

Vaccination is best done in early childhood. Besides protecting infants from a fortnight after they have been successfully vaccinated, this makes re-vaccination later in life less prone to the unpleasant consequences that occasionally follow when vaccination has to be performed for the first time in older children or adults, whether as an emergency measure during an outbreak of Smallpox, or as a routine procedure demanded on going to a Boarding School, or before travel abroad, or on being called up for National Service.

Under the County Council's present scheme, parents may have their children vaccinated either by a medical practitioner of their own choice in general practice, or by an Assistant County Medical Officer at a County Council Welfare Centre.

Lists of births registered each month are received from the Local Registrars, and a letter with a detachable consent form, for completion and return to the County Medical Officer, is then sent to the parents of the infants whose births have been registered, offering the choice of vaccination by the private medical practitioner or by an Assistant County Medical Officer. Upon receipt of the consent form, appropriate arrangements are made for vaccination to be performed when the infant attains the age of four months. Persons of all ages, adults and children can, however, be vaccinated or re-vaccinated upon request under the County Council's scheme.

The table below gives particulars of persons of all ages who were vaccinated or re-vaccinated in this County during 1959 :

Table 59 : Persons Vaccinated or Re-vaccinated

	Vaccinated by	Under 1 year		1—4 years		5—14 years		Over 15 years		Total	
		P	S	P	S	P	S	P	S	P	S
Primary Vaccinations	Medical Officers ..	754	706	116	111	29	26	6	5	905	848
	General Practitioners	1,767	1,693	155	153	74	69	125	123	2,121	2,038
	TOTAL ..	2,521	2,399	271	264	103	95	131	128	3,026	2,886
Re-Vaccinations ..	Medical Officers ..	—	—	5	3	6	6	12	12	23	21
	General Practitioners	7	5	26	22	98	91	470	409	601	527
	TOTAL ..	7	5	31	25	104	97	482	421	624	548

P = Performed S = Successful

Reference to the table above shows that 2,399 infants were successfully vaccinated before attaining one year of age, and this represents approximately 50 per cent. of the 4,782 births registered in and applicable to this County during 1959. These two figures (2,399 and 4,782) are not strictly comparable, but their comparison is the only means of giving a reasonably accurate estimate of the infant vaccination state during 1959.

Particulars are given in the table below of the distribution in the areas of Local Sanitary Authorities within the County of all persons vaccinated or re-vaccinated during 1959.

Table 60 : Primary Vaccinations and Re-Vaccinations performed

Area	Local Sanitary Authority	Births 1959	Under 1 year		1—4 years		5—14 years		15 years and over		Total	
			P	S	P	S	P	S	P	S	P	S
North-West Combined Districts	Ellesmere Urban ..	44	36	32	2	2	1	1	21	7	60	42
	Ellesmere Rural ..	106	59	58	11	11	20	20	23	19	113	108
	Wem Urban ..	35	31	28	5	5	10	10	14	13	60	56
	Wem Rural ..	203	91	88	16	16	27	26	28	28	162	158
	Whitchurch Urban ..	108	59	59	3	3	5	4	14	11	81	77
North-East Combined Districts	Dawley Urban ..	146	83	70	8	8	4	3	12	11	107	92
	Market Drayton Urban ..	98	72	72	2	2	2	2	9	9	85	85
	Drayton Rural ..	195	104	95	16	16	15	12	9	8	144	131
	Newport Urban ..	70	74	74	12	12	5	5	13	13	104	104
	Oakengates Urban ..	173	101	101	11	10	4	4	6	5	122	120
	Shifnal Rural ..	240	154	142	13	13	16	13	42	38	225	206
	Wellington Urban ..	192	109	104	10	9	5	4	47	39	171	156
	Wellington Rural ..	427	198	193	26	26	11	10	23	21	258	250
South-West Combined Districts	Atcham Rural ..	360	184	180	15	14	9	7	32	25	240	226
	Bishop's Castle Borough ..	15	25	25	4	4	—	—	3	3	32	32
	Church Stretton Urban ..	28	34	31	1	1	2	2	12	10	49	44
	Clun Rural ..	153	68	66	3	3	1	1	6	5	78	75
—	Ludlow Borough ..	107	50	46	10	9	4	4	9	8	73	67
—	Ludlow Rural ..	209	89	86	8	8	3	3	20	18	120	115
—	Bridgnorth Borough ..	124	45	43	7	7	—	—	24	24	76	74
—	Bridgnorth Rural ..	233	99	96	12	11	7	6	19	17	137	130
—	Wenlock Borough ..	233	105	104	27	27	8	7	16	15	156	153
—	Oswestry Borough ..	184	112	108	19	17	14	14	21	20	166	159
—	Oswestry Rural ..	293	110	95	21	19	16	16	30	26	177	156
—	Shrewsbury Borough ..	806	436	408	40	36	18	18	160	156	654	618
	TOTAL ..	4,782	2,528	2,404	302	289	207	192	613	549	3,650	3,434

Diphtheria.—No case of Diphtheria has been notified in this County in the last 7 years.

The following statistics, giving the incidence of Diphtheria and the numbers of deaths among persons of all ages in this County during the past twenty years, show the extent to which immunisation has succeeded in reducing the morbidity and mortality rates.

Table 61 : Notifications of, and Deaths from, Diphtheria

	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Notifications ..	236	237	121	53	25	7	10	17	1	5	2	—	1	—	—	—	—	—	—	—
Deaths ..	11	9	6	6	1	—	2	2	—	1	—	—	—	—	1*	—	—	—	—	—

*Death of woman aged 72, due to Syncope, Toxaemia and Throat Infection and assigned by Registrar-General as due to Diphtheria, swab negative.

Under the County Council's scheme for immunisation against Diphtheria, parents can have their children immunised either by a medical practitioner of their own choice who is engaged in general practice, or by an Assistant Medical Officer at a County Council school or Welfare Centre.

The table below gives particulars of the children under 5 years of age, and of those between the ages of 5 and 14, who were immunised under the County Council's scheme during 1959, with the corresponding figures for 1958; and the table on page 45 shows the distribution of these children in the areas of the various Sanitary Districts according to their places of residence.

Table 62 : Children Immunised against Diphtheria

Immunised by	Primary Immunisations						Re-inforcing Injections	
	Under 5 years		5—14 years		Total			
	1958	1959	1958	1959	1958	1959	1958	1959
Medical Officers ..	549	1,151	26	114	575	1,265	337	1,223
General Practitioners	1,654	2,154	88	116	1,742	2,270	450	607
TOTAL ..	2,203	3,305	114	230	2,317	3,535	787	1,830

In this County during 1959, a total of 2,154 children was immunised when under one year of age and 791 of these children were born in that year. If the optimum age for immunisation against Diphtheria is 8 months, only one-third of the children born during 1959 would reach the age for immunisation and this figure of 791 represents 50 per cent. of those eligible for protection. There is need, therefore, for greater efforts on the part of all concerned to emphasize to parents the necessity for early immunisation of their children, since 75 per cent. immunisation of children under one year is regarded as necessary for effective control of this disease.

Set out below is a statement showing the numbers and percentages of the child population in this County, of and under compulsory school age, who have been immunised against Diphtheria during the period from 1st January, 1945, to 31st December, 1959 :—

Table 63 : Immunisation in relation to Child Population

		Age Groups and Year of Birth				Total
		Under 1 year (1959)	1 to 4 years (1958—1955)	5 to 9 years (1954—1950)	10 to 14 years (1949—1945)	
Immunised in :						
(i) 1955 to 1959	.. ..	791	10,076	9,495	6,762	27,124
(ii) 1954 or earlier	.. ..	—	—	7,127	14,858	21,985
Estimated mid-year (1959) child population	.. ..	4,690	17,710	48,600		71,000
Immunity index	.. ..	16.9%	56.9%	(a) 33.5% (b) 78.7%		(a) 38.2% (b) 69.2%

(a) Percentage of children having primary immunisation or booster dose in the past 5 years.
(b) Percentage of children immunised since 1945.

That fewer children are being protected against Diphtheria is undeniable; and the probable reason is the priority which has been given in the last three years to vaccination against polio, and which has involved the deliberate acceptance of a calculated risk in allowing protection against other diseases to fall temporarily. The risks are not regarded as formidable, and it is hoped that progress to a higher degree of protection against Diphtheria, Whooping Cough and Tetanus will soon succeed as the urgency of the need for mass vaccination against polio diminishes; figures for 1959 already show improvement on the two preceding years.

Table 64 : Children Immunised against Diphtheria in the various Sanitary Districts

Area	Local Sanitary Authority	Births 1959	Primary Immunisations				Re-inforcing
			Under 1 year	1—4 years	5—14 years	Total 0—14 years	
North-West Combined Districts	Ellesmere Urban ..	44	14	13	6	33	25
	Ellesmere Rural ..	106	47	18	31	96	92
	Wem Urban	35	42	15	17	74	81
	Wem Rural	203	95	45	3	143	132
	Whitchurch Urban ..	108	42	17	1	60	38
North-East Combined Districts	Dawley Urban	146	104	41	8	153	80
	Market Drayton Urban	98	31	19	1	51	37
	Drayton Rural	195	77	47	7	131	39
	Newport Urban	70	36	32	3	71	8
	Oakengates Urban ..	173	146	41	12	199	50
	Shifnal Rural	240	112	54	3	169	212
	Wellington Urban ..	192	50	63	10	123	164
	Wellington Rural ..	427	125	92	14	231	121
South-West Combined Districts	Atcham Rural	360	118	57	3	178	90
	Bishop's Castle Borough	15	19	5	—	24	10
	Church Stretton Urban	28	16	10	—	26	14
	Clun Rural	153	56	26	3	85	22
—	Ludlow Borough ..	107	47	29	4	80	40
—	Ludlow Rural	209	101	61	3	165	63
—	Bridgnorth Borough ..	124	84	35	1	120	14
	Bridgnorth Rural ..	233	121	67	4	192	11
	Wenlock Borough ..	233	137	70	29	236	94
—	Oswestry Borough ..	184	73	34	17	124	73
	Oswestry Rural	293	96	45	26	167	129
—	Shrewsbury Borough ..	806	365	215	24	604	191
TOTAL ..		4,782	2,154	1,151	230	3,535	1,830

In Table 64 above have been included the numbers of births registered in each County District during 1959. To be able to relate births to primary immunisations in any one District and so to compare percentage protection rates as between Districts is of value. It enables one to see where more propaganda and effort are needed.

Such percentage protection rates, as has been explained before, are only approximate, for the reason that all the children born in 1959 were not ready for Diphtheria immunisation in that year, while many children given primary protection in 1959 were born in the previous year.

Nevertheless, the overall picture of the state of protection is near enough, and the attention of the Medical Officers of Health and Assistant County Medical Officers, Health Visitors and Nurses will be drawn to these figures, which will be circulated to them for study and action, whereby it is hoped to secure a substantial improvement in the figures for children under 5 years protected against Diphtheria.

Whooping Cough.—Notifications of cases of Whooping Cough received during 1959 numbered 178, and there was no death from this disease.

Since the coming into operation of the National Health Service Act, facilities for immunisation against Whooping Cough have been available in the County on lines similar to those for immunisation against Diphtheria, and parents are encouraged to have children protected by immunisation at the early age of 2 or 3 months, since the disease takes its greatest toll in very young infants.

The tables below give particulars of the notified cases of, and deaths from, Whooping Cough in this County in the past nineteen years; and of the children immunised against this disease during 1959 with corresponding figures for 1958 :

Table 65 : Notifications of, and Deaths from, Whooping Cough

	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Notifications ..	986	351	705	609	483	591	465	1068	478	465	1308	678	934	950	871	332	868	345	178
Deaths ..	14	6	11	6	4	4	2	9	4	1	4	4	4	—	—	1	—	—	—

Table 66 : Children Immunised against Whooping Cough

Immunised by	0—4 years		5—14 years		Total	
	1958	1959	1958	1959	1958	1959
Medical Officers ..	1,670	1,241	7	10	1,677	1,251
General Practitioners ..	793	2,112	35	46	828	2,158
TOTAL ..	2,463	3,353	42	56	2,505	3,409

Table 67 shows the distribution in the areas of Local Sanitary Authorities of children immunised against Whooping Cough in 1959. Children immunised when under one year of age totalled 2,533, or 53 per cent. of those born in 1959.

Table 67 : Children immunised in Sanitary Districts

Area	Local Sanitary Authority	Births 1959	Under 1 year	1—4 years	5—14 years	Total
North-West Combined Districts	Ellesmere Urban ..	44	20	6	1	27
	Ellesmere Rural ..	106	52	19	2	73
	Wem Urban ..	35	39	18	5	62
	Wem Rural ..	203	95	31	3	129
	Whitchurch Urban ..	108	49	12	1	62
North-East Combined Districts	Dawley Urban ..	146	107	32	1	140
	Market Drayton Urban ..	98	63	8	—	71
	Drayton Rural ..	195	137	40	1	178
	Newport Urban ..	70	66	20	—	86
	Oakengates Urban ..	173	128	25	4	157
	Shifnal Rural ..	240	151	18	1	170
	Wellington Urban ..	192	54	57	2	113
	Wellington Rural ..	427	164	82	2	248
South-West Combined Districts	Atcham Rural ..	360	142	47	3	192
	Bishop's Castle Borough	15	21	4	—	25
	Church Stretton Urban ..	28	31	8	1	40
	Clun Rural ..	153	75	27	—	102
—	Ludlow Borough ..	107	51	9	2	62
—	Ludlow Rural ..	209	133	29	1	163
—	Bridgnorth Borough ..	124	96	33	—	129
—	Bridgnorth Rural ..	233	142	57	5	204
—	Wenlock Borough ..	233	166	44	4	214
—	Oswestry Borough ..	184	75	28	2	105
—	Oswestry Rural ..	293	85	42	6	133
—	Shrewsbury Borough ..	806	391	124	9	524
TOTAL ..		4,782	2,533	820	56	3,409

Eleven years of immunisation against Whooping Cough are only now showing effect upon the incidence of Whooping Cough in the County, cases notified in 1959 being the lowest ever, while mortality from this disease is now negligible. The following figures show the average numbers of notified cases and deaths over five-yearly periods since 1945; the one death in the last period, occurring in 1956, was that of an unvaccinated infant at the age of one month :

Table 68 : Whooping Cough—Five-year Averages

	1945—49	1950—54	1955—59
CASES			
Total ..	3,085	4,335	2,594
Average	617.0	867.0	518.8
DEATHS			
Total ..	23	13	1
Average	4.6	2.6	0.2

The special enquiries begun in 1958 into all notified cases of Whooping Cough, in an endeavour to ascertain the extent to which immunisation reduces the severity of attacks in cases in which complete protection against the disease has not been conferred by the vaccine, continued in respect of cases notified during 1959. In each case the Health Visitor was asked to visit and obtain the following information :

- (a) Date of birth;
- (b) Whether to the Health Visitor's knowledge the child had been immunised against Whooping Cough ; and
- (c) Whether the attack was "mild," "moderate" or severe."

In classifying the severity or otherwise of an attack the following factors were taken into account :

- (a) Number and frequency of spasms
- (b) Frequency of vomiting
- (c) Number of coughing bouts, particularly during the night
- (d) The duration of the illness.

Of the 178 cases notified during 1959, 166 were reported upon and information was not obtained in 12 cases for various reasons (family left district, illness denied by parent, etc.), compared with 345 notifications and 329 "follow-up" reports received during 1958.

The 495 cases reported upon in the two years comprised :

Age	1958	1959
Under 1 year	31	15
Between 1 and 4 years	112	61
Between 5 and 15 years	182	84
Over 15 years	4	6
	329	166
	495	

Of these, 118, or 36 per cent., of the 1958 cases were reported to have been immunised against Whooping Cough, compared with 71 (or 43 per cent.) of the 1959 cases. In both years each case was checked against the Health Department records, but in only 47 cases (14 per cent.) and 29 cases (17 per cent) respectively, was it possible to confirm that immunisation had in fact been performed.

In the light of the information obtained during 1958, a check was made during 1959 in those cases stated to be immunised, but in which there was no record of completed vaccination :

Cases reported to have been immunised	71
Immunisation (complete course) confirmed	29
Immunisation incomplete (part course only)	2
Diphtheria Immunisation only	14
No record of any immunisation	26

My report for 1958 recorded that in a number of cases "single" immunisation procedures against other diseases, such as diphtheria, seemed to have been taken as covering Whooping Cough and that there may well have been cases in which immunisation had been carried out, but no record submitted. Nothing further has, therefore, been brought to light to contradict these impressions.

As was the case in 1958, all anomalous reports have been excluded from the analyses below. Table 69 classifies, according to the severity of the attack, all the cases, immunised or unimmunised, for whom full information is available; it shows that 95 per cent. of the “severe” cases and 87 per cent. of the “moderate” cases were children who had not been immunised; and also that a “severe” attack was experienced in only 7 per cent. of the immunised children as against 29 per cent. of those not immunised.

Table 69 : Degree of Attack

Degree of Attack	Immunised			Not Immunised			Total		GRAND TOTAL
	1958	1959	Total	1958	1959	Total	1958	1959	
Mild	28	20	48	49	20	69	77	40	117
Moderate	14	9	23	106	42	148	120	51	171
Severe	5	—	5	56	33	89	61	33	94
TOTAL ..	47	29	76	211	95	306	258	124	382

The 76 immunised cases reported upon during the two years are further analysed below according to the type of antigen used. In estimating the interval between immunisation and onset of the disease, the date of the former has been taken as that of the last injection of the course, or of the “booster” where this has been given and, for purposes of comparison, figures for the 1958 portion of the total are given in brackets.

Table 70 : Antigens (1958 and 1959)

Antigen	Mild			Moderate			Severe	
	Cases	Average Months to Onset		Cases	Average Months to Onset		Cases	Average Months to Onset
H. Pertussis ..	6(2)	34	(47.5)	5(2)	75.5	(101.5)	2(2)	46(46)
“Combined” ..	17(14)	54.8	(40.1)	10(6)	51.1	(51.8)	1(1)	48(48)
“Triple”	25(12)	19.6	(21.8)	8(6)	31.2	(21.4)	2(2)	24(24)

In last year’s report emphasis was laid upon the small number of cases comprised in this small survey and this consideration must be stressed when attempting any assessment of the value of a particular type of antigen, although, as was the case in the 1958 part of the series, the protection conferred by the Whooping Cough element in triple antigen still tends to show in a less favourable light than is the case with the other antigens.

Tetanus.—The Council’s proposals under Section 26 of the National Health Service Act make provision for immunisation against Tetanus; and the following table shows the numbers of children who received immunisation against this disease under the Council’s scheme during 1959, with corresponding figures for 1958 :

Table 71 : Primary Immunisation against Tetanus

Immunised by	0—4 years		5—14 years		Total	
	1958	1959	1958	1959	1958	1959
Medical Officers	80	30	—	46	80	76
General Practitioners ..	615	1,031	44	179	659	1,210
TOTAL ..	695	1,061	44	225	739	1,286

Protection against Tetanus.—It has long been agreed that routine protection against Tetanus should be given to all, and especially perhaps to children in rural counties. This should prevent deaths from casual infections—and there were 20 deaths from Tetanus in England and Wales in 1958.

The national figures of deaths from Tetanus, Whooping Cough and Diphtheria may prompt us to ask of this disease, as King Edward VII did of Tuberculosis, “If preventible, why not prevented ?”

The other reason for recommending routine active immunisation with Tetanus toxoid is that if the doctor who first treats a patient who has sustained a wound whereby Tetanus might be introduced into the system *were certain* that the patient was fully protected by previous active immunisation, such doctor would merely give the patient a ‘booster’ of Tetanus toxoid, and avoid the giving of the older and traditional Tetanus antitoxin, which serum preparation can produce systematic results not infrequently uncomfortable and in a few cases even dangerous.

There is nothing new in this conception, and all of us who were in the Army had a dose of Tetanus toxoid annually with our T.A.B. and with just such considerations in view.

The soldier carried his A.B.64 or Pay Book and in it were records of his protective immunising doses. Even if such records were infallible (and they occasionally were at fault), it is not easy to be sure that civilians, including children, would carry a record even if they were given one (though this might be helped if such record were, like the soldier's, their only legitimate source of income !)

After some national and local discussion many Health Authorities are agreeing to try giving to a patient a record at the time protection is completed, in the hope that the patient may carry it always ; and give his family doctor the opportunity to copy the information on to the general medical record card which he keeps at his surgery for each patient on his list. Some family doctors asked if our Health Department could advise them directly what each of their patients had had from the Council's medical staff; I told the Local Medical Committee that I felt that it would be too expensive of time and money to attempt such a service; financial considerations apart, we have no physical space to accommodate the extra clerks who would be needed.

The real and fundamental consideration is that the doctor giving first aid after a potentially infected wound should *know* whether the patient was in a highly protected state already. Such doctor may not be the family doctor, and the patient may not remember, so there are difficulties. Tattooing the vital information on a strategic part has been more or less seriously suggested, but it is felt that the public are not yet ready to have a series of dated records tattooed in Indian ink as an adornment to their midriffs or other parts.

Use of Combined and Triple Antigens.—An antigen is something given to produce immunity by stimulating the body to produce antibodies to resist and protect against a particular organism like Diphtheria, Whooping Cough or Tetanus. The best age for starting immunisation against Whooping Cough is 2 or 3 months. The best age for starting immunisation against Diphtheria is probably about 6 or 7 months.

The use of combined ("triple" including tetanus as well) antigens, although impossible to correlate with the optimum ages of the preceding sentences, has always been attractive as subjecting the baby to fewer injections and was agreed as a reasonably satisfactory compromise in 1956. At the end of that year, however, a Medical Research Council report showed that two or more antigens in one dose appeared to carry more risk of provoking paralytic Poliomyelitis than if one antigen at a time had been given. After considerable heart-searching and debate at different levels this view was accepted and passed on by the Central Health Services Council to the Ministry of Health, and by the Ministry to Local Health Authorities; and in July, 1957, after consultations with representatives of the Local Medical Committee in Shropshire, who agreed that, although the risks of using combined antigens might be small, the warning given could scarcely be ignored, general practitioners were circulated and advised to revert to using antigens one at a time.

That restriction of the use of combined antigens might result in the immunisation of fewer children was recognised. Issues of combined antigens from the Health Department were suspended for only the latter half of 1957 and the overall numbers of immunisations in that year were not materially affected; but in 1958, although many medical practitioners continued to use combined antigens, obtained otherwise than through the Department, there was an appreciable reduction in the numbers of children immunised.

In 1959, however, there was a marked improvement in the numbers immunised against all three diseases (Diphtheria, Whooping Cough and Tetanus). Whereas in 1958 immunisations against these diseases decreased respectively by 33 per cent., 25 per cent. and 66 per cent., there were in 1959 increases of 53 per cent., 36 per cent. and 74 per cent. respectively compared with the previous year.

The figures below show the proportions in which single and combined antigens were used during the year:

<i>Antigens</i>		<i>Diphtheria</i>	<i>Whooping Cough</i>	<i>Tetanus</i>
		%	%	%
Single	..	67	67	22
Combined	..	5	4	1
Triple	..	28	29	77

Vaccination against Poliomyelitis—Vaccination and Poliomyelitis, which began in a limited way in the early months of 1956, has been continued throughout the following years. Whereas the programme in 1958 was devoted very largely to school sessions this was so successful that further visits to schools were not required for primary vaccinations in 1959. As will be seen below, however, it was necessary to arrange a school programme to cater for the large number of school children requiring third injections.

The emphasis throughout the County generally, in fact, was on "booster" injections, although there was a steady flow of new applicants for vaccination.

Evening sessions were held during the greater part of the year but were suspended after the end of October, mainly because the number of new applicants for vaccination in the 15—26 age group had decreased very considerably. These sessions were re-commenced in March, 1960, to deal with those who had had their second injection in the middle of 1959 and have since become due for their "booster" dose.

The following is a summary of attendances at evening clinics during 1959 :

Table 72 : Vaccinations performed at Evening Sessions

	Persons born 1959—43	Persons born 1942—33	Other Adults	Expectant Mothers	Total
1st injection ..	1,380	5,074	311	307	7,072
2nd injection ..	1,749	5,654	549	314	8,266
3rd injection ..	13,343	6,315	310	340	20,308

During the year no less than 200 sessions were held at 30 Centres in the County so that the injections given averaged 178 per session.

Arrangements were also made for County Council Medical Officers to visit various industrial undertakings, etc., during the year for vaccination purposes. Twenty-seven visits were paid and the injections given are summarised in the following table :

Table 73 : Persons immunised at Industrial Undertakings, etc.

	Persons born 1959—43	Persons born 1942—33	Others	Expectant Mothers	Total
1st injection ..	18	1,243	170	—	1,431
2nd injection ..	23	880	113	—	1,016
3rd injection ..	175	490	39	2	706

During 1959, a total of 26,348 persons received the initial course of two injections and just over two-thirds of these were vaccinated by County Council medical staff, as will be seen in Table 74 below :

Table 74 : Cases completed with two injections in 1959

Vaccinated by	Under one year	1—4 years	5—16 years	17—26 years	Expectant Mothers	Other Adults	Total
Medical Officers ..	547	3,748	4,181	7,633	843	1,480	18,432
General Practitioners	546	1,438	1,516	3,145	219	1,052	7,916
TOTAL ..	1,093	5,186	6,697	10,778	1,062	2,532	26,348

The vaccination programme which began in 1956 continued so successfully during the subsequent years (particularly in 1958 and 1959) that by the end of 1959, 85% of the children born in the period 1959—1943 had been protected with two injections and 34% of the young persons in the 15—26 age group had been similarly protected.

The following table shows the progress made since 1956 :

Table 75 : Cases completed with two injections since 1956

Age Group	Vaccinated in				Total
	1956	1957	1958	1959	
(a) Born 1959—43 ..	240	2,081	50,536	11,976	64,833
(b) Born 1942—33 ..	—	—	6,532	10,778	17,310
(c) Other Groups ..	—	—	3,521	3,594	7,115

As has been said above, the emphasis with regard to poliomyelitis vaccination in 1959 was on “booster” injections and this will be seen from the tables given below. No less than 60,472 “booster” doses were given during the year and, of these, something like five-sixths were given by County Council medical staff. Many of the school children received their third injection at school, arrangements having been made, late in 1958, to employ a medical practitioner in a part-time capacity with a part-time clerk on a sessional basis to undertake much of this work. The purpose of this was to release the Assistant Medical Officers for school medical inspection work which had come to a standstill because of the poliomyelitis vaccination campaign.

A number of special day-time vaccination sessions were arranged during the year for children under school age and also for expectant mothers, whilst small numbers in these two categories were vaccinated at Child Welfare Centres during normal clinic sessions.

Table 76 : Cases completed with three injections in 1959

Vaccinated by	Under one year	1—4 years	5—16 years	17—26 years	Expectant Mothers	Other Adults	Total
Medical Officers ..	1	6,184	32,738	8,564	504	1,246	49,237
General Practitioners	40	2,515	5,975	1,775	150	780	11,235
TOTAL ..	41	8,699	38,713	10,339	654	2,026	60,472

Table 77 : Completed Cases by Sanitary Districts

Area	Local Sanitary Authority	Under 1 (1958—59)	1—4 years (1958—55)	5—16 years (1954—43)	17—26 years (1942—33)	Expectant Mothers	Other Adults (G.Ps, Ambulance and Hospital Staffs, etc.)	Total
North-West Combined Districts	Ellesmere Urban ..	—	88	437	122	6	24	677
	Ellesmere Rural ..	—	190	844	307	10	58	1,409
	Wem Urban ..	—	114	430	137	4	44	729
	Wem Rural ..	—	341	1,582	361	17	108	2,409
	Whitchurch Urban ..	6	193	622	347	—	52	1,220
North-East Combined Districts	Dawley Urban ..	6	391	1,479	395	6	126	2,403
	Market Drayton Urban	—	207	766	136	12	65	1,186
	Drayton Rural ..	—	307	1,174	202	27	33	1,743
	Newport Urban ..	—	176	680	209	11	15	1,091
	Oakengates Urban ..	1	390	1,519	425	83	84	2,502
	Shifnal Rural ..	2	334	1,671	318	8	62	2,495
	Wellington Urban ..	1	525	2,196	451	52	82	3,307
	Wellington Rural ..	—	743	3,236	670	124	121	4,894
outh-West Combined Districts	Atcham Rural ..	5	586	3,048	808	27	192	4,666
	Bishop's Castle Borough	—	36	200	60	—	8	304
	Church Stretton Urban	—	87	277	55	9	4	432
	Clun Rural ..	3	190	1,077	193	6	20	1,489
—	Ludlow Borough ..	—	202	896	283	14	15	1,410
—	Ludlow Rural ..	—	552	1,932	452	16	47	2,999
—	Bridgnorth Borough ..	—	176	938	179	20	25	1,338
	Bridgnorth Rural ..	—	239	1,684	393	18	15	2,349
	Wenlock Borough ..	2	454	2,041	624	41	136	3,298
—	Oswestry Borough ..	5	297	1,509	439	13	124	2,387
	Oswestry Rural ..	7	399	2,242	665	26	126	3,465
—	Shrewsbury Borough ..	3	1,382	6,233	2,108	104	440	10,270
	TOTAL ..	41	8,699	38,713	10,339	654	2,026	60,472

Table 78 below shows the position with regard to other cases at the end of the year.

Table 78 : Other Cases

	Children born 1959—43	Young persons 1942—33	Expectant mothers	Total
Awaiting first injection ..	875	116	36	1,027
Received one injection ..	517	636	47	1,200

AMBULANCE SERVICE

Report of the County Ambulance Officer

A former chief of the writer was wont to say, when one hurled a mass of figures or information at him in the hope of obtaining some immediate decision or instruction from him—"you have been studying this for a long time—I have only just seen it." In the same way when writing an annual report one must remember that its circulation varies and is not restricted to those who have been in touch with the working of a particular service over a long period of time and are familiar with all that has gone before. For the benefit of new readers one must therefore repeat a considerable amount of what to many are well known facts and to these latter readers one must apologise.

Under Section 27 of the National Health Service Act, 1946, Local Health Authorities are responsible for ensuring that "ambulances and other means of transport are available, where necessary, for the conveyance of persons suffering from illness or mental defectiveness or expectant or nursing mothers from places in their area to places in or outside their area."

Section 24 of the National Health Service (Amendment) Act, 1949, resulted in a modification of this clear cut definition of responsibility, in that the Local Health Authority from whose area a patient has been admitted to hospital is required to bear the cost of ambulance facilities for the return journey on the patient's discharge, if this occurs within three months from the date of admission.

Operation.—The Service throughout the County is operated from a Central Control at Ambulance Service Headquarters in Shrewsbury (Telephone No. Shrewsbury 6331) to which all enquiries should be made, and which is manned throughout the twenty-four hours so that effective action can be taken at any time, vehicles being despatched as most convenient from the main central station at Shrewsbury or from subsidiary stations at Oswestry, Whitchurch, Market Drayton, Donnington, Much Wenlock, Bridgnorth, Ludlow and Bishop's Castle.

Radio-Telephony.—Two-way radio-telephone equipment has been installed in 31 vehicles, with a main transmitter at Abdon Burf (height 1,795 feet), the highest point of the Brown Clee Hill, and a reserve transmitter situated at Lyth Hill (height 560 feet) on ground made available by the Atcham Rural District Council.

Rail Transport.—Every effort is made to use this means of transport whenever possible, as it is not only more economical but often more suitable than travel by ambulance; recumbent patients remain on the same stretcher throughout the journey, transport from bed to station on entrainment and from train to final destination being undertaken by the Ambulance Service of the Local Health Authority for the area concerned.

Co-operation with other Services.—Direct telephone lines exist between the Police and Ambulance Service control rooms, and a similar line links up with the Royal Salop Infirmary. A scheme prepared by the Chief Constable in consultation with the Hospitals and the Ambulance Service ensures the co-ordination of their various activities in the event of any major disaster.

Accidents.—Although accident cases represent only 2% of patients carried, the severity of the injuries caused by high speeds on the road and high speed and complicated machinery elsewhere necessitates speedy transport to Hospital if death or total incapacity of the victim is to be avoided.

Nationally the medical profession is becoming increasingly alive to the special problem of accident surgery, and the importance of the Ambulance Service in the chain of treatment.

Pioneers in this field, the staff of the Birmingham Accident Hospital have long stressed the need for co-operation with the men and women who form the ambulance crews. Surgeons from this Hospital have willingly given their services at whole day training courses in Birmingham organised for junior supervisors, drivers and attendants, by the Midland Regional members of the National Association of Ambulance Officers.

Arrangements with other Ambulance Authorities and the National Coal Board.—The reciprocal arrangements in operation in border areas have continued to work well.

The National Health Service (Amendment) Act, 1957, enables Local Health Authorities to make a charge for providing ambulances to stand by at sports meetings, and to claim reimbursement from firms engaged in certain specified industries which, like the National Coal Board, have a statutory obligation to ensure that ambulance transport is available. The decision to provide ambulances for purposes outside the National Health Service Act is still one for the Local Health Authority and is dependent upon the availability of vehicles and other factors, because the Ambulance Service establishment cannot be increased to meet these extraneous needs.

Education Committee.—Transport is provided when required, and when within the capacity of the Ambulance Service to give it, for the conveyance of children requiring speech therapy or other special educational treatment, the cost of such transport being reimbursed in accordance with the terms of the Education Act, 1944.

Staff.—There are two methods of employing whole-time staff—on a rota to cover the whole or part of the 24 hours for seven days each week, or on regular day duty with additional payment for remaining within ready call (stand-by) during nights and at weekends. The Central Station is manned throughout the 24 hours by the first method and additional cover is ensured by limited use of men on “stand-by”. At Oswestry, Donnington and Bridgnorth the men are on day duty and on “stand-by” at night.

At other Stations manned by part-time personnel, varying local arrangements ensure a ready response throughout the 24 hours.

Training.—The support of the Health Committee in all the training projects suggested for our staff, including the courses in Birmingham mentioned in the paragraph headed “Accidents,” was rewarded during the year by the success of Shift Leader W. J. Hodges and Driver M. M. Stone in winning for Shropshire and the Region the “Pye” Trophy, the premier award, in the National Competition for Ambulance Services.

County Council owned Health Service Cars.—The Ambulance Service central administration is responsible for the motor cars used by District Nurses, Midwives and Health Visitors throughout the County. At 31st December, 1959, such nursing service cars numbered 86.

Statistics.—Statistical tables showing the establishment of vehicles and personnel and the work carried out by the Ambulance Service during 1959, with a comparison with the previous year or years, are set out in the following pages.

W. WALKER,

County Ambulance Officer.

Table 79 : Establishment of Ambulances, Dual-purpose Vehicles and Sitting-case Cars

Ambulance Station	At 31st December							
	Ambulances		Dual-purpose vehicles		Sitting-case Cars		Total Vehicles	
	1958	1959	1958	1959	1958	1959	1958	1959
Shrewsbury	14	14	1	1	5	6	20	21
Oswestry	3	4	1	1	2	1	6	6
Whitchurch	2	3	1	—	—	—	3	3
Market Drayton	1	—	—	1	—	—	1	1
Donnington and Shifnal	3	2	3	4	—	—	6	6
Wenlock	1	1	—	—	—	—	1	1
Bridgnorth	2	2	—	—	1	—	3	2
Ludlow and Craven Arms	3	3	3	3	—	—	6	6
Bishop's Castle	1	1	—	—	—	—	1	1
TOTAL ..	30	30	9	10	8	7	47	47

(NOTE.—At the end of 1959 there were 4 ambulances retained additional to establishment for Civil Defence training purposes, as compared with 6 ambulances and a car at the end of 1958).

Table 80 : Establishment of Ambulance Service Personnel on 31st December

Year	Full-time		Part-time (in terms of full-time)			Personnel Employed				Authorised Full-time Establishment		
	Driver- Attendants	Attendants	Driver- Attendants	Attendants		Driver- Attendants	Attendants			Drivers	Attendants	Total
	M.	F.	M.	M.	F.	M.	M.	F.	Total			
1958	38	5	7½	1½	6	45½	1½	11	58	37	25	62
1959	38	5	8½	2½	6½	46½	2½	11½	60½	37	25	62

Table 81 : Deployment of Ambulance Service Personnel

Ambulance Stations	31st December, 1958					31st December, 1959					
	Full-time		Part-time			Full-time		Part-time			
	Driver- Attendants	Attendants	Driver- Attendants	Attendants		Driver- Attendants	Attendants	Driver- Attendants	Attendants		
	M.	F.	M.	M.	F.	M.	F.	M.	M.	F.	
Shrewsbury	24	5	—	—	4	24	5	1	—	4	
Oswestry	6	—	2	2	7	6	—	2	2	7	
Whitchurch	1	—	4	1	1	1	—	4	1	1	
Market Drayton	—	—	3	—	1	—	—	3	—	1	
Donnington and Shifnal ..	5	—	1	—	4	5	—	1	—	5	
Wenlock	—	—	1	4	—	—	—	1	4	—	
Bridgnorth	2	—	1	—	3	2	—	1	1	2	
Ludlow and Craven Arms	—	—	8	4	12	—	—	8	4	12	
Bishop's Castle	—	—	1	1	1	—	—	2	1	1	
TOTAL ..	38	5	21	12	33	38	5	23	13	33	

Table 82 : Work performed by Ambulances and Sitting-Case Cars

Year	Ambulances		Cars		Women's Voluntary Services		Total	
	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage
*1948	4,352	126,269	912	32,276	1,205	38,888	6,469	197,433
1949	12,732	322,470	6,209	197,687	2,985	101,888	21,926	622,045
1950	18,547	408,260	9,122	233,936	2,765	98,363	30,434	740,559
1951	20,613	399,382	11,366	250,730	2,497	80,012	34,476	730,124
1952	23,706	426,423	15,733	305,677	1,811	51,617	41,250	783,717
1953	28,720	465,640	17,760	324,994	2,190	53,692	48,670	844,326
1954	32,566	508,720	20,820	351,637	2,791	47,254	56,177	907,611
1955	41,140	584,714	20,306	352,672	2,212	33,617	63,658	971,103
1956	49,293	645,406	18,382	323,616	1,690	39,571	69,365	1,008,593
1957	50,314	625,079	16,466	276,133	1,908	47,795	68,688	949,007
1958	58,951	692,059	14,526	252,725	1,745	39,550	75,222	984,334
1959	68,352	792,449	12,601	217,732	2,219	48,132	83,172	1,058,313

*from 5th July.

(NOTE.—For statistical purposes dual-purpose vehicles have been counted as ambulances).

Table 83 : Categories of Patients Conveyed

Maternity	..	..	1,128
Mental	..	..	220
Accident	..	..	1,838
Infectious	..	..	117
General	..	..	79,869
TOTAL			83,172

Table 84 : Work performed by Ambulance Stations

Ambulance Station	Journeys	Patients	Mileage	Staff (i.e. drivers and attendants) as at 31st Dec., 1959 (in terms of whole-time personnel)
Shrewsbury	14,065	31,692	414,533	30.45
Oswestry	2,701	13,714	132,143	8.04
Whitchurch	1,334	4,355	55,642	2.65
Market Drayton ..	437	2,062	26,600	1.44
Donnington	2,917	13,189	141,774	7.24
Shifnal	787	2,100	29,002	1.34
Wenlock	421	1,159	11,583	0.58
Bridgnorth	1,277	4,114	46,590	2.55
Ludlow and Craven Arms	3,251	8,418	148,560	5.88
Bishop's Castle ..	75	150	3,754	0.34
TOTAL ..	27,265	80,953	1,010,181	60.51

Table 85 : Patients carried and Mileage covered

Year	Patients	Mileage	Mileage per Patient
1949	21,926	622,045	28.4
1950	30,434	740,559	24.3
1951	34,476	730,124	21.2
1952	41,250	783,717	19.0
1953	48,670	844,326	17.4
1954	56,177	907,611	16.2
1955	63,658	971,003	15.2
1956	69,365	1,008,593	14.5
1957	68,688	949,007	13.8
1958	75,222	984,334	13.1
1959	83,172	1,058,313	12.7

(NOTE.—One more vehicle was equipped with a radio-telephone during 1959, making a total of 31 vehicles so equipped out of 47. Although the amount of work undertaken increased by nearly 8,000 patients conveyed and 74,000 miles travelled as compared with 1958, a further reduction was achieved in the figure for mileage per patient, which continued its steady downward trend. See graph on page 55).

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

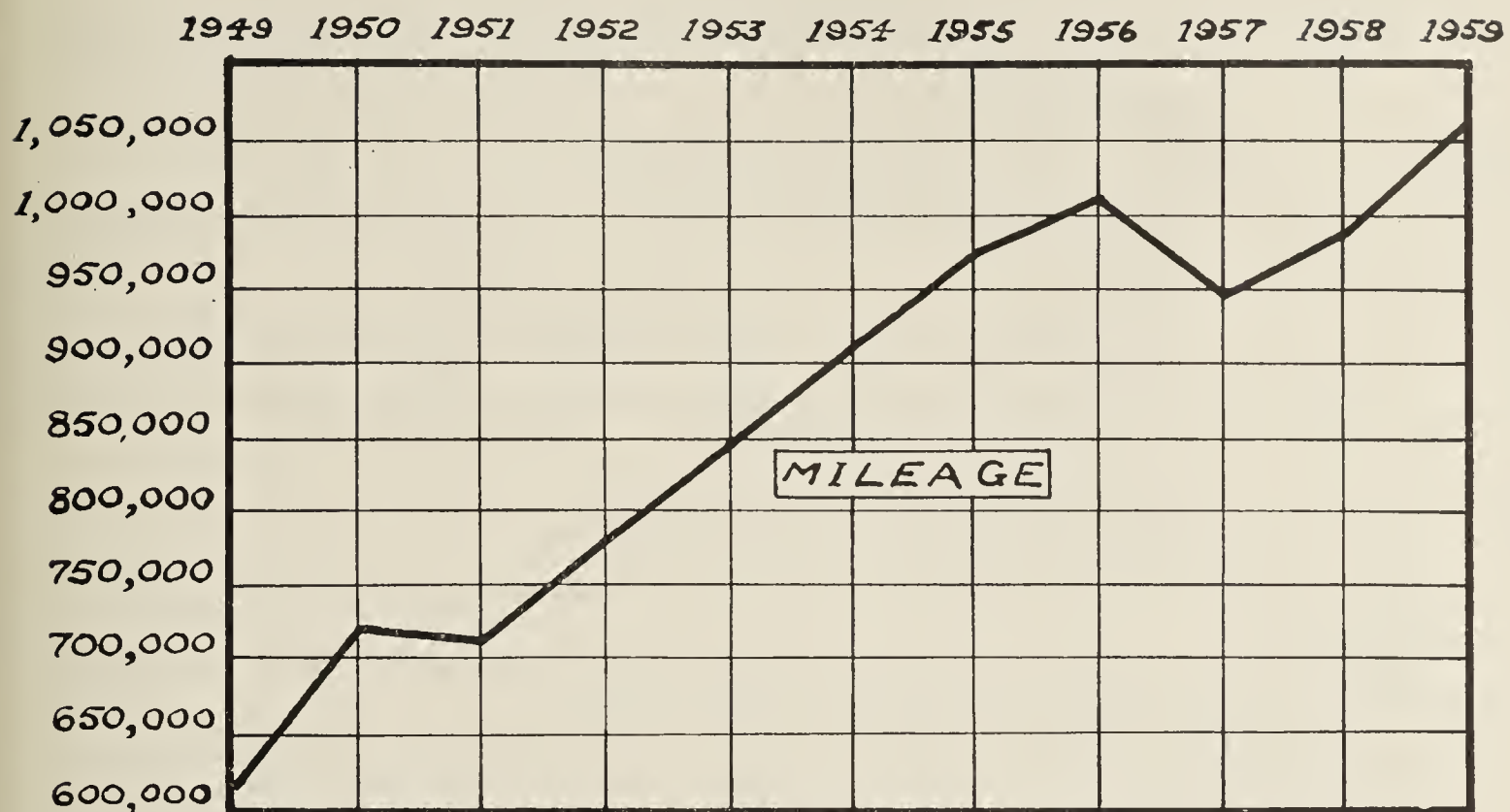
The powers of the Local Health Authority to make arrangements for the prevention of illness and the care and after-care of sick persons are permissive, except where otherwise directed by the Minister of Health; and in respect of persons suffering from Tuberculosis, the Minister has directed that such arrangements shall be obligatory.

Tuberculosis

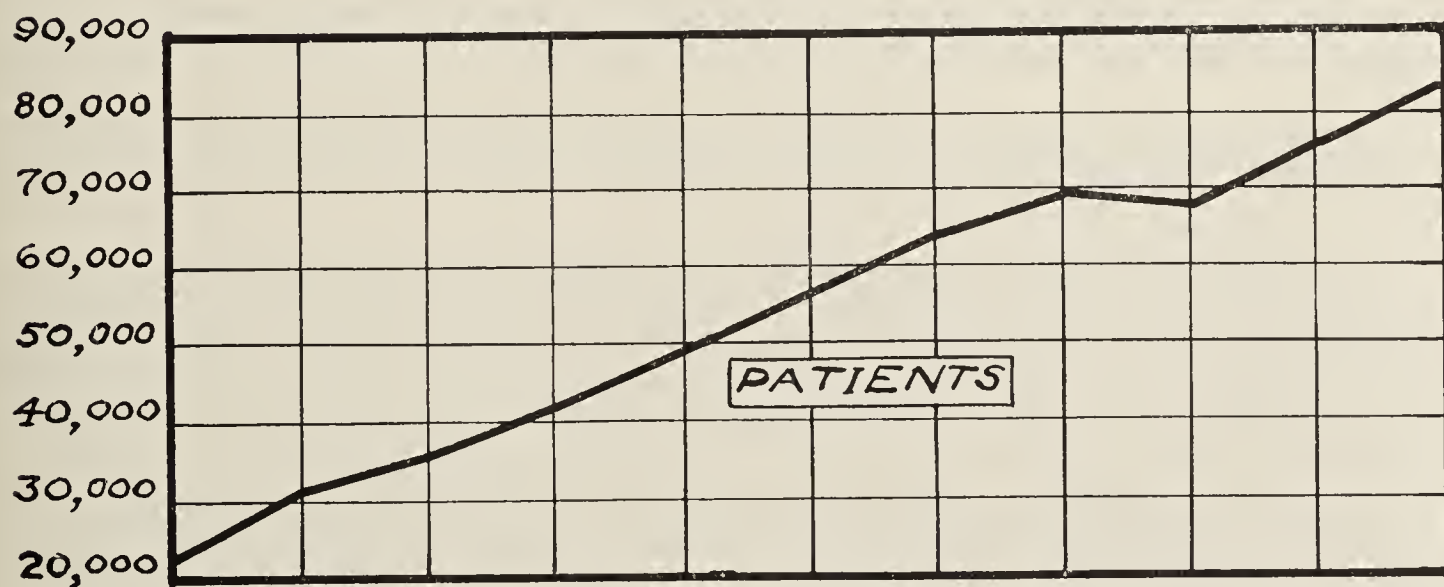
Administration.—Under an arrangement with the Birmingham Regional Hospital Board, two-elevenths of the time of two Chest Physicians—one of Consultant status and one of Senior Hospital Medical Officer status—is made available to the Council for prevention and after-care purposes and for this service the Board is reimbursed with an equivalent proportion of the Chest Physicians' salaries.

The domiciliary visiting of persons whose names are included in the Tuberculosis Registers is undertaken by the whole-time Health Visitors, except in the Borough of Shrewsbury and the surrounding area where a whole-time Tuberculosis Health Visitor is employed. This Visitor is based at the Shrewsbury Chest Clinic, where she undertakes work on behalf of the Shrewsbury Hospital Management Committee in addition to her visiting duties, an appropriate portion of her salary being borne by the hospital authorities.

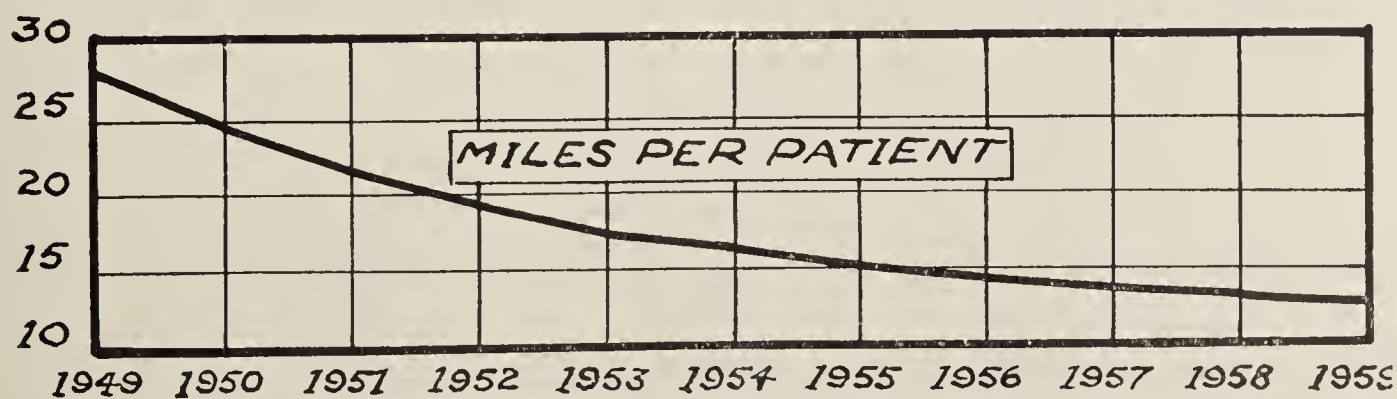
SHROPSHIRE AMBULANCE SERVICE
MILEAGE COVERED BY AMBULANCES AND SITTING-CASE CARS



PATIENTS CARRIED



MILEAGE PER PATIENT



Report of the Consultant Chest Physician.—The following is the report of the Consultant Chest Physician, Dr. A. T. M. Myres :

(The figures given in brackets are the corresponding figures for 1958).

During the year 81 (104) persons were notified as having Respiratory Tuberculosis. Of these:

- (a) 30 (56) were diagnosed as a result of direct reference to Chest Clinics by General Practitioners ;
 - 14 (18) were initially discovered by Mass Radiography Units. Of these one was a Positive Tuberculin Reactor at school ;
 - 1 other was diagnosed following being found to be a Positive Tuberculin Reactor at school ;
 - 11 (12) were diagnosed as a result of examination of 'contacts' ;
 - 2 were diagnosed on being x-rayed as candidates for specific employment ;
- (b) 20 (15) were initially discovered at general or special hospitals. Of these 12 were as in-patients and 8 as out-patients ;
- (c) 2 (3) were diagnosed in the Services ;
 - 1 subsequently proved to be not Tuberculous.

This total is a further encouraging improvement as compared with that of the last and preceding years.

Again, however, it must be emphasized that this in no cause for complacency. Tuberculosis is still with us to be eradicated with the help of all concerned.

It is noteworthy that of the 81 Respiratory cases notified in the County in the year, more than half were classified as not bacteriologically confirmed, i.e. were not proven to be infectious.

That two out of this total were found amongst the Positive Tuberculin Reactors at schools emphasizes the importance of x-raying the chests of at least the strongly positive Tuberculin Reactors found at the schools. Moreover that the father of one of these was consequently found to have active Pulmonary Tuberculosis points out the importance of endeavouring to find the source of infection in these young Positive Reactors.

One has the impression, however, that in many instances the drinking of milk from Non-Tuberculin Tested sources in the past may have been the cause of present Positive Tuberculin reactions, although, of course, this cannot be proved.

If this be a true supposition we may expect a great reduction in the numbers of Positive Tuberculin Reactors from this cause in the future, when we test fewer and fewer of those who in the past have drunk milk infected with Tubercle Bacilli, before the County was made an Attested Area.

Likewise, we hope to see the disappearance of new cases of Tuberculous glands of neck, since the great majority of these, occurring in rural areas anyway, in the past, must have been of bovine origin. The relatively few such cases that come freshly to our attention now have most likely been infected some while ago in the past.

In passing one may mention that the recent Ministerial restrictions as regards the use of Mass Miniature Radiography for children has disorganised and so complicated our previous routine arrangements for the x-raying of the chests of all Tuberculin Positive Reactors amongst the children tested at the schools with a view to the B.C.G. vaccination of the non-reactors. With these children it was also aimed to x-ray their parents and other members of their households. More work is consequently being thrown on to the Chest Clinics' radiographic facilities all over the County.

It is the more regrettable, therefore, that we are suffering from the grave restriction in our use of the x-ray department at the Bridgnorth Infirmary, viz: being limited to a maximum of ten patients being x-rayed there twice a month. This is on account of the inadequate accommodation for the x-ray apparatus there. We are sincerely hoping that improvement of this will be receiving urgent attention.

A. T. M. MYRES,

Consultant Chest Physician.

Mass Miniature Radiography.—Visits for the purpose of public, industrial and school surveys were made to this County during 1959 by the Mass Miniature Radiography Units from Stoke-on-Trent and Wolverhampton as follows :

<i>Stoke-on-Trent</i>	..	..	Ellesmere	
<i>Wolverhampton</i>	..	..	Shrewsbury	Wellington
			Jackfield	Madeley
			Much Wenlock	Coalbrookdale
			Ironbridge	Bridgnorth
			Shifnal	Cosford
			Albrighton	Ludlow

In addition, a small number of Shropshire school children were examined by the Unit at Stoke following the discovery of a case of respiratory tuberculosis in a member of the teaching staff of their particular school.

The following information concerning the results of these surveys has been supplied through the courtesy of Dr. J. T. Hutchison and Dr. E. Posner, Medical Directors of the Wolverhampton and Stoke-on-Trent Units respectively :

Table 86 : Mass Radiography Results

	Persons X-rayed						Tuberculosis Revealed						Non T.B. Abnormalities		
	Miniature			Large Film			Active			Inactive					
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total
<i>Wolverhampton Unit</i>															
Wolverhampton U.D. ..	209	101	310	3	1	4	—	—	—	1	—	1	2	—	2
Stenlock M.B. ..	672	803	1,475	29	16	45	—	2	2	3	5	8	15	5	20
Stidnorth M.B. ..	594	569	1,163	16	16	32	1	—	1	3	7	10	15	2	17
Stifnal R.D. ..	744	672	1,416	18	12	30	—	—	—	6	5	11	15	4	19
Stidlow M.B. ..	371	422	793	5	7	12	—	1	1	2	2	4	4	5	9
School Children ..	940	78	1,018	7	2	9	—	1	1	—	—	—	—	1	1
Others	56	94	150	—	1	1	—	—	—	—	—	—	1	—	1
TOTAL ..	3,586	2,739	6,325	78	55	133	1	4	5	15	19	34	52	17	69
<i>Stoke-on-Trent Unit</i>															
Stoke	9	25	34	—	—	—	—	—	—	—	—	—	—	1	1
Stokeshire	47	43	90	1	—	—	—	—	—	—	—	—	1	—	1
TOTAL ..	56	68	124	1	—	—	—	—	—	—	—	—	1	1	2

The 71 cases found to have other conditions or abnormalities included the following :

Bronchiectasis	Rib fractures
Acquired cardio-vascular lesions	Acute inflammatory lesions
Pneumoconiosis	Abnormality of diaphragm
Non-Tuberculous fibrosis	Emphysema
Pleural thickening	Congenital cardio-vascular lesions
Enlarged thyroid gland	Congenital abnormality of bony thorax
Congenital abnormality of ribs	Congenital heart disease
Bronchial carcinoma	

The 5 cases of active Tuberculosis discovered in the 6,449 persons investigated gives a rate of 0.78 per 1,000.

B.C.G. (Bacillus Calmette-Guerin) Vaccination.—The Minister of Health has authorised the provision of B.C.G. vaccination for infants and other young contacts of tuberculous patients, and to those who are at special risk by reason of their occupation.

During 1959, a total of 153 persons received vaccination at the Chest Clinic, the greater number of whom were child contacts of tuberculous relatives. This figure compares with 192 for the previous year.

B.C.G. Vaccination of School Children.—The B.C.G. Vaccination of school children authorised by Ministry of Health Circular 22/53 began in Shropshire in October, 1956, and has since been available, with parental consent, for children during the year preceding their fourteenth birthday.

The acceptance rate has always been in the region of 90%—a most satisfactory figure.

In Circular 7/59 the Minister of Health advised Local Health Authorities to offer this vaccination to additional groups as follows :

- (a) children of 14 years and upwards who are still at school, and students at universities, teacher training colleges, technical colleges and other establishments for further education; and
- (b) whole school classes, which may include a few children under 13 years, for convenience.

It was estimated that there were about 6,500 older children in the County in these additional groups and steps were taken to extend the B.C.G. programme accordingly, the work, in the main, being undertaken by two part-time School Medical Officers, each of whom had clerical assistance at Mantoux testing and B.C.G. vaccination sessions.

The following are particulars of schools visited for B.C.G. Vaccination purposes during 1959, with comparisons for 1958 given in brackets :

	Schools Visited	Children Tested	Positive Reactors	Negative Reactors	Not Read	Children Vaccinated	Negative Reactors not Vaccinated
Maintained and Grant-aided schools ..	69 (60)	4,951 (2,600)	882 (524)	3,841 (2,024)	228 (52)	3,705 (1,988)	136 (36)
Independent Schools ..	16 (8)	479 (119)	119 (20)	360 (93)	— (—)	356 (91)	4 (2)

In addition, special surveys were made at four schools where children had been in contact with a known case of Tuberculosis :

	Tested	Positive Reactors	Negative Reactors	Not Read	Negative Reactors Vaccinated
Children (all ages)	685	75	563	47	61*
Staff	67	54	13	—	1*

*Those vaccinated were children and a teacher at two schools. The remaining negative reactors were either pupils below 13 years of age and therefore too young for vaccination or adults whose tests were not completed. All will be retested and vaccinated where necessary in due course.

Here we were looking for *Positive Reactors who might have been recently infected*, and all of these have had supervision as set out in the paragraphs below relating to radiography.

Mass Radiography.—As was the case in 1958, all positive reactors and their home contacts were X-rayed by either the Stoke-on-Trent or Wolverhampton Mass Radiography Units.

The following table summarises the results of the investigations (already included in Table 86 on page 57) of 13 year old positive reactors, their home contacts and school staff :

	Pupils	Home Contacts	Staff
Cases investigated	744	213	133
Recalled for large film examination ..	8	—	3
Cases of Tuberculosis discovered :			
Respiratory	1	—	—
Non-respiratory	—	—	—

The one case of Respiratory Tuberculosis discovered represents a rate of 1.34 per 1,000 pupils investigated and 0.92 for all cases thus investigated.

All positive reactors to the Mantoux test *showing a large reading* have an *early large film* X-ray at the Chest Clinic, with a check in the same year by Mass Miniature Radiography if possible. A further small film X-ray is taken in the following year and children at Grammar Schools are offered an annual check until 18 years of age.

(*Note* : A decision by the Ministry of Health in May, 1959, that Mass Miniature Radiography should not be used for children under 15 years of age has sadly restricted the work of following up children giving a positive reaction on Mantoux testing. While existing facilities at the Chest Clinics are insufficient to cope with the numbers involved, it has however been possible to arrange for the Mass Miniature Radiography Units to help the Chest Clinics with their adult cases, and in this way it is hoped that the Chest Clinics will be able to give more assistance with these children).

The Regional Advisory Committee on Tuberculosis Services have in 1960 categorically recorded their opinion that possible alleged risks from radiation under such circumstances are negligible, but in any event would be far outweighed by the protection which periodical surveillance affords to these children, who may be the potential future tuberculosis cases.

The more concentrated investigations made in respect of positive reactors with a large reading have produced dividends, in that out of 335 such cases dealt with since the scheme started in 1958, and up to the time of writing, five cases of active Respiratory Tuberculosis—three school children and parents of two of them—have been discovered.

(*Technical Note.*—The Mantoux test involves the injection, intradermally into the left fore-arm, of 1/10th c.c. Purified Protein Derivative of old tuberculin, strength 1/1,000. The injection site is examined after 72 hours and any induration measured. An induration of 5 m.m. or less is regarded as a negative reaction and these are the cases given B.C.G. vaccination. Induration of 6 m.m. or more is taken as positive, and the special follow-up procedure referred to in the above paragraphs is undertaken where the reading is 20 m.m. or more).

Domestic Help.—Tuberculous persons are included amongst those recognised as qualifying for the services of Home Helps and during 1959 assistance was provided through the Council's Domestic Help Service in 13 cases. Only those Home Helps who volunteer are employed in tuberculous households and they are paid 2d. per hour extra (vide page 65).

Open-Air Shelters.—The distribution on 31st December, 1959, of the 41 shelters owned by the County Council was as follows :

At patients' homes ..	39
In store	2
	41

Central Registers.—The position with regard to cases on the Tuberculosis Registers during 1959 was as indicated below, with comparative figures for the previous year :

Table 87 : Tuberculosis Registers

		1958		1959	
		Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
On register on 1st January		1,437	289	1,486	319
ADDED :					
New cases	104	34	38	81	18
Transfers in	34	2		42	2
Restored to register	5	2		6	2
REMOVED :					
Cured	23	3	8	54	16
Non-tuberculous	1	—		1	—
Died (all causes)	18	4		30	2
Transfers out	52	1		53	5
Recorded in error	—	—		6	—
Lost sight of	—	—		8	2
On register on 31st December		1,486	319	1,468	316

On 31st December, 1959, the 1,468 persons on the Register of Respiratory cases were distributed as follows :

Under domiciliary supervision by Health Visitors	1,081
Not requiring supervision	314
In hospitals and sanatoria, as listed below	67
In Shelton Hospital, having treatment apart from Tuberculosis	6
	<hr/> 1,468

Table 88 : Patients in Hospitals and Sanatoria

Cheshire Joint Sanatorium	5
Cross Houses Hospital	12
Shirlett Sanatorium	36
Wrekin Hospital	11
Royal Hospital, Wolverhampton	3
	<hr/> 67

Library Service.—Persons suffering from Tuberculosis are not permitted to borrow books from public or circulating libraries. To meet the literary needs of home-bound cases, the Health Committee have an arrangement with the British Red Cross Society to provide a Library Service, whereby books supplied by the Society are made available to patients through the medium of the Health Visitors. This service, inaugurated at the beginning of 1956, deserves more publicity and greater use.

Extra Nourishment.—Two pints of milk per day are supplied on the recommendation of the Chest Physicians to patients suffering from Respiratory or Non-Respiratory Tuberculosis, where financially necessary and irrespective of the fact that the patient may be in receipt of National Assistance. During 1959 assistance was given in this way to 104 tuberculous cases.

Tuberculous Care Committee.—The Shropshire Central Tuberculous Care Committee, a Voluntary Organisation which was formed in 1956, continues to do good after-care work under the Chairmanship of Major R. Deedes, G.C.

During the year the Committee afforded help, in a variety of ways, to 80 cases (47 new) on which £591 was spent. This compares with 62 cases and £440 in 1958.

The Committee's income is almost wholly derived from the Christmas Greetings Seals Sales in the County and the generosity of the public towards the work of the Committee is very much appreciated.

We would like to record appreciation of the work which is so excellently and gladly undertaken by the Hon. Treasurer, Mr. Gilbert Smith. His work in connection with the Case Sub-Committee and his interest in the welfare of the patients is invaluable.

Health Education

The following reports on Health Education, Accidents in the Home and Home Safety have been contributed by Mr. T. R. Blythe, Lay Administrative Officer and Mr. H. Harris, Health Education Clerk.

Health Propaganda.—The Health Department continues to extend its activities in health education and to expand its visual aids facilities. Lectures and talks have been given, in Child Welfare Centres, in Schools, and to outside and voluntary organisations, either as part of the normal routine or in response to special invitations, by Medical Officers, Dental Officers, Health Visiting, Nursing and lay staff. A further issue of the County Health Services Handbook has been distributed.

Propaganda, publicity, "selling," public relations, are all terms which have a good deal in common, not least that in the past they have been subject to mis-handling, abuse and misconceptions on all sides. Health education as a branch of preventive medicine has much in common with these types of approach to the public and is equally capable of being mis-applied and misunderstood. Our own aim is to do all that we can to assist in the maintenance and achievement of higher standards of health, generally, by keeping the public informed of the State services that are available, by trying to secure its co-operation in making use of them and us by attempting to foster in every possible way, by precept and example, an appreciation of the value of healthy living and hygienic practices, in the hope that ultimately we shall arrive at the formation of a climate of opinion in which anti-social habits such as that of spreading infection, or not accepting prophylaxes, will become both minimal and inhibited by the public conscience.

The welfare centres provide nuclei for local inculcation of health teachings. They are the bases of doctors, health visitors and nurses, and are visited by mothers and young children. They are also our own local offices or agencies. Although they are not visited by all the population, nor even by all the mothers of the area, they still provide a focal point for the display of posters, distribution of leaflets, and a site for displays, as well as a potential venue for allied activities, meetings of mothers' and other clubs and associations. In turn these meetings provide audiences interested in health matters, and these audiences, members and friends, can very considerably widen the effective scope of the normal Clinic or Centre.

In the schools it has long been the practice of medical officers and health visitors to give short talks on health subjects, especially on those themes suggested by local conditions. It is becoming more and more usual for special talks and demonstrations to be given in schools by members of the Department's staff at the request of the head teachers.

So far as outside organisations are concerned we have always been prepared to supply speakers on health topics, and the year has shown a marked increase in the numbers of this kind of request that have been addressed either to the Health Department direct or to individual members of the staff. Probably the most noticeable feature has been the demand for home safety demonstrations, but there has been no lack of interest in talks on other subjects, notably the Social Services, Smoking and Lung Cancer, Child Care and Management, Vaccination and Immunisation, general health matters such as "Care of the Feet," Home Nursing and First Aid, Mothercraft, and the work of a public health doctor, health visitor, and nurse-midwife. These are talks largely undertaken outside the sphere of the Child Welfare Centre and its allied organisations of the "Mothers' Club" variety, and while the requests may be due to some kind of personal link between the association and some members of the public health service this is not invariably the case. The talks are supported by visual aids, posters, displays, leaflets, films, and filmstrips wherever practicable or desirable. The age-groups of the audiences ranged from 13 to 70 years and the organisations themselves included Young Wives Groups, Girls' and Youth and Young Farmers' Clubs, Y.M.C.A. Clubs and Mothers' Unions, Girl Guides, British Red Cross Cadets, St. John Ambulance and Civil Defence Units, Rotary Clubs, Women's Institutes, and Old People's Clubs. On one or two occasions, talks on one subject have led to requests for further talks on other themes, and frequently a talk under one heading, e.g. the work of a public health doctor or health visitor, has led to questions and enlightenment on more diverse aspects of the health service such as care of the aged, cancer, immunisation and, in fact, almost the entire field of public health.

The Health Department's stand at the Old People's Festival in October, a three-day function organised annually by the Shropshire Old People's Welfare Committee, was this year devoted to the combined themes of home safety, and health and welfare services, with a special reference to the ageing.

Special features of the stand were a diet and nutrition exhibit showing the kinds of foodstuffs which are particularly valuable for the old, although too often missing from their dietaries, specimens of the home nursing equipment available on loan, a graphic presentation of the current home accident fatality statistics, and a modern type of fixed fireguard. Home Nurses and Home Helps were portrayed by two models in appropriate uniform which attracted attention to the stand.

Visual Aids.—In this sphere we now have our own 16 m.m. sound projection unit, but in the early part of the year we were much indebted to the Civil Defence Officer and to the Education Department Films Officer for the loan of projectors and projection facilities, and to the teaching staffs of schools who made film projectors available and operated them out of school hours when we ourselves had not these facilities.

Among other aids much use has been made of flannelgraphs, both those supplied by the Central Council for Health Education and those devised and produced for specific purposes in the Health Department.

Triptych displays, intended to focus public attention upon various health themes, have been sited in the Department's Reception Hall, in Child Welfare Centres, in shop windows, and have featured as backgrounds or supports to talks and demonstrations.

Opportunities for Health Education.—Much depends on the relationship which exists or is established between the audience, the speaker and the topic or theme. Some of us have neither the qualities nor the opportunities which a lecturer needs. Nor is the formal lecture or demonstration the only medium available. The informal talk to a small group, the question and answer period at the clinic or even during the home visit, the casual encounter in the street or elsewhere, not to mention the force of example, are all productive of opportunities for the propagation of health consciousness. This is not a new idea, but great oaks grow from small acorns, and incidents of this character can and do develop ultimately into requests for talks or demonstrations on themes of common interest. Sometimes a new face or a slightly different approach may give a new stimulus to an established procedure.

In-Service Training.—In co-operation with the Central Council for Health Education we were able to arrange two two-day Courses at the Attingham Adult College, both on the general theme of "Health Education in some Modern Health Problems" with special reference to approaches and methods in the teaching of parentcraft and cancer education and including practical sessions devoted to the production of audio and visual aids. The visiting lecturers were Dr. A. J. Dalzell-Ward, Medical Director, and Mr. D. Lynton Porter, Education Officer of the Central Council for Health Education.

These courses were opened by Mrs. E. L. Morris, J.P., Chairman of the Nursing Sub-Committee, and proved stimulating and enjoyable, and we hope to repeat the venture at a future date. A total of 105 members of the Department's medical, health visiting and nursing staff took the full course and 43 places were allocated to staffs of neighbouring local health authorities, including Staffordshire, Cheshire, Radnorshire, Montgomeryshire, Worcester City, Wolverhampton, and West Bromwich. The Nursing Officer of the Ministry of Health (Birmingham) was present at the first Course.

Preparation, and the Time Factor.—It should be borne in mind that preparation for lectures is essential and research and revision are not infrequently called for. Suitable supporting materials need to be assembled and selected, and much of this preliminary planning must necessarily be done by the lecturer.

Headquarters supply stock items, such as standard flannelgraphs, display cards and units; collect and circulate information concerning films or filmstrips to be hired or loaned ; devise and prepare flannelgraphs and displays, and on occasion make special notes available on loan.

The table below gives particulars of Health Education talks given by the Headquarters Staff and field workers during 1959 :

Table 89 : Health Education Talks

Given by	Lecturers	Talks delivered			Illustrated by		
		Total	In Schools	Elsewhere	Demonstrations, flannelgraphs, posters, etc.	Films, slides or strips	Not illustrated
Assistant County Medical Officers	10	60	53	7	37	17	6
Dental Officers	1	2	—	2	—	2	—
Health Visitors	9	110	32	78	57	23	30
Nurses	8	26	—	26	12	6	8
Others	2	32*	1	31	20	27†	5
TOTAL ..	30	230	86	144	126	75	49

*Includes seven films which were introduced but not accompanied by a formal talk.
†Includes twenty "Home Safety" talks which were illustrated by flannelgraphs and supported by films.

Accidents in the Home

The following table shows the home accident injuries reported as occurring in Shropshire during 1959, either as needing hospital treatment (in or out-patient), or requiring some form of nursing aid at home, or being conveyed by ambulance, or merely having come to the notice of the health visitors. They show an increase upon last year's figures of the order of 25%, but it would be illusory to suggest that this is due to an increased accident rate. It is more likely that our collection mechanism is increasingly efficient.

Two of the burns cases proved fatal, one a child of three years playing with live matches. The other could perhaps have resulted from a candle setting fire to the victim's dress when she was clearing a room in the small hours. In this instance the Coroner felt that the evidence was insufficient and returned an open verdict.

Six reported cases have not been included in the table, as they could not strictly be defined as home accidents, but they bear witness to an all too common lack of care and attention.

This year the home accidents have been shown in four age-groups and by sexes. It becomes still more evident that the very young and the elderly are at greatest hazard in the home, possibly because they are more closely restricted to the house. The middle groups may face greater risks outside, but young and old alike are normally less aware of danger and less well able to guard against or react effectually to it. It is up to the rest of us to try to induce them to take reasonable care, for our homes and those in them are by no means as safe as they ought to be.

Table 90 : Home Accidents

Category	Total	AGE GROUPS									
		0—4		5—15		16—64		65+		All	
		M	F	M	F	M	F	M	F	M	F
Burns and Scalds	153	41	44	13	10	3	19	1	22	58	95
Poisoning :											
(a) Aspirin	11	7	4	—	—	—	—	—	—	7	4
(b) Paraffin and Liquids ..	6	4	2	—	—	—	—	—	—	4	2
(c) Berries	1	1	—	—	—	—	—	—	—	1	—
Falls	33	7	5	2	3	1	5	—	10	10	23
Other	21	7	4	—	1	3	5	1	—	11	10
TOTAL ..	225	67	59	15	14	7	29	2	32	91	134

By far the largest category was burns and scalds, and once more the prime cause of most of these accidents was a fall. Scalds, especially among the under-fives, were associated with teapots, pans, kettles, pails of hot water, primus-stoves—in that order of importance. The little victims had usually climbed on chairs, pulled hanging cloths, been in dangerous proximity when hot liquids were spilled or, less frequently, got into other mischief while unattended or the attention of their natural guardians was distracted. A few burns occurred when children crawled to fires (open and electric) when guards were removed temporarily. All guards should be fixed and comply with the British Standards specification. Elderly folk often refuse to have guards on open fires and are prejudiced against spark guards, which admittedly shut off some radiant heat but are a wise precaution even when the room is occupied. In this county the aged do not seem to be at the same degree of risk as do children, but they are still very vulnerable, especially the old ladies. One partially-sighted lady was burned about the feet when drawing the fire with a newspaper.

These accidents are not confined to careless households. Few of them were entirely unforeseeable. Most of them could have been avoided. All of them argued a lack of care on someone's part, not always the victim's.

More accidents occur than are ever reported. Our records are neither complete nor comprehensive. The reported cases, however, do indicate certain trends and give prominence to a common factor, the human one, which lies behind the bald statistics of these minor tragedies and their painful consequences.

Home Safety

Home Safety has once again been very much to the fore in Shropshire. The Department's "illustrated talk and film show" has aroused considerable interest in the County and has been given on request to a total of eighteen audiences drawn from organized groups, including Women's Institutes, Darby and Joan Clubs, British Legion, Women's and Mixed Clubs, St. John Ambulance Group, Junior Red Cross Cadets, a Modern School, and, in addition, to the Staffs of Children's Homes and of the Health Department.

The Shropshire Federation of Women's Institutes has done much to make the Salopian public "home safety conscious" and has organized a series of Brains Trusts throughout the County, on which members of the Health Department have served. Film shows were provided at three of these functions (on request).

In our experience, it seems clear that most, if not all, of these home accidents were either preventable or need never have occurred and we feel that the Women's Institutes have done a notable public service in promoting interest in and directing attention to the hazards of everyday life in the home. We have been glad to have their help and co-operation.

T. R. BLYTHE.

H. HARRIS.

Care of the Aged in their own homes—Evening Visitors and Night Helps

The Council's proposals under Section 28 of the National Health Service Act were modified in 1954 to include provision for the services of Evening Visitors and Night Helps for aged people who require assistance on account of illness or infirmity.

Help under this scheme is only provided when no relatives, friends or neighbours are available to assist, except in the case of Night Helps, when assistance can be provided to afford relief for a relative who has had the continuous care of a sick person for a prolonged period.

Whenever possible, help is supplied by voluntary workers but the scheme includes the employment of paid personnel to cover circumstances when voluntary assistance is not forthcoming.

It was not found necessary to employ any paid Evening Visitors during the year under review, but on one occasion a paid Night Help was employed for one night session. This help was provided free of charge to the recipient.

It is realised that much voluntary and neighbourly help must have been given during the year to meet the needs of sick and infirm persons, both in the evenings and at night, and this help is acknowledged with grateful appreciation.

Health of Children—Prevention of Break-up of Families

One of the suggestions made by the Ministry of Health in 1954 to Local Health Authorities for the development and use of local health services to prevent the break-up of families was that trained Social Workers might be employed to enable the particular needs of families with problems to be studied and met in appropriate ways.

In discussions which followed between the Chief Officers of the various Departments concerned, between whom excellent liaison exists, it was agreed that the *prevention* of family crises might best be accomplished by the secondment from the N.S.P.C.C. of one of their specially trained women visitors for duty in Shropshire.

Negotiations to this end were entered into and with Ministry of Health and Home Office approval a contribution of £300 per annum (£200 from the Health Committee and £100 from the Children's Committee) towards the expenses of such an appointment was subsequently agreed with the N.S.P.C.C.

In October, 1956, Miss D. Lomas was appointed for duty in this County and continued to perform sterling work until the end of 1958, when she was replaced by Miss F. E. Calvert.

Particulars of work performed by the Women Visitor in Shropshire during 1959 are as follows :

Cases open at 1st January, 1959	21	
New cases opened during year	9	
	—	30
Cases closed as satisfactory	8	
Unsatisfactory cases needing further action by Inspectors	6	
	—	14
Cases open at 31st December, 1959	16	
	—	
Number of children in new cases opened	47	
Total visits of supervision	410	
Total miscellaneous visits	409	

After-care of Cancer Cases—The Marie Curie Memorial Foundation

The Marie Curie Memorial Foundation provides assistance, in kind, to meet the urgent needs of cancer patients being nursed at home and to supplement help from statutory and other sources.

Monetary assistance is not provided directly and the needs most commonly met by the Foundation are by payment for night nursing and daytime help, and the supply of linen, bedding, clothing, personal comforts and extra nourishment.

Their policy is to give an initial financial grant for a given area, to be expended over a test period, followed by further six-monthly grants in the light of initial distribution; and in Shropshire the County Medical Officer has been nominated as the Foundation’s agent for administering the grant.

The first grant of £50 was received from the Foundation in June, 1957, and further grants, each of £50 were made during 1958 and 1959.

From June, 1957, to December, 1959, the sum of £112 13s. 2d. was expended in assisting 40 deserving persons (14 in 1957, 16 in 1958 and 10 in 1959) under one or more of the following headings :

Table 91 : Cases Assisted

Assistance Provided	1957			1958			1959					
	Cases	Amount expended			Cases	Amount expended			Cases	Amount expended		
		£	s.	d.		£	s.	d.		£	s.	d.
Linen and Bedding ..	3	17	5	5	1	1	13	11	**4	6	8	5
Personal Comforts, etc.	2	9	3	7	*3	4	14	11	**1		12	3
Extra Nourishment ..	9	16	17	7	*12	15	9	10	4	10	17	9
Night Sitters	—				*3	20	12	0	**3	8	17	6
TOTAL ..	14	43	6	7	16	42	10	8	10	26	15	11

*Two of the three cases provided with Personal Comforts received extra nourishment and one of these also had the services of a Night Sitter.

**One of the four cases provided with linen and bedding also had the services of a Night Sitter and another was provided with personal comforts.

I should like to record my opinion and that of our Nursing Staff (who of course introduce the cases requiring help) that this is a most valuable charity indeed, impressive in the simplicity and imagination of its principles. These seem to be that the Foundation will nominate a person already in a responsible position as their agent, endow him with an imprest account, and trust him to use their charitable monies wisely to alleviate suffering.

My Department and I feel sure that no money has, during the year, been spent to better purposes; and we record our appreciation and the deep gratitude of the sufferers who were helped.

Other Aspects of Care and After-Care

Other Types of Illness.—Any necessary nursing care and attention for patients discharged from hospital is provided through the Council’s Home Nursing Service and arrangements have been made by the Regional Hospital Board for particulars of all discharged hospital patients requiring after-care to be notified to the Local Health Authority.

The help of the Children’s Officer and Department, their counsel, information, visiting service and the provision of accommodation for dependent children when necessary are greatly valued in domestic emergency, such as the illness or confinement of the mother.

Provision of Nursing Equipment.—All Home Nurses and Midwives hold a small supply of minor articles such as hot water bottles, air rings, bed pans and feeding cups, for loan to patients being nursed at home.

Larger items of equipment, including wheel chairs, air beds, etc., are held in store at the County Health Department, and issued as required. Applications should be made in office hours to the Health Department, 13 College Hill, Shrewsbury (Telephone No. 52211); or at other times to No. 4 Claremont Bank, Shrewsbury (Telephone No. 2141).

A small charge is made for the hire of larger items of equipment only.

During the year, 1,881 issues of equipment were made to 1,142 patients, items being loaned direct from the Health Department in 677 cases and by nurses and midwives in 465 cases, as summarised below :

Table 92 : Issues of Nursing Equipment

Item	Issued by		Total
	Health Dept.	Nurses	
Air beds	1	—	1
Air rings	18	109	127
Back rests	83	153	236
Bed pans	229	178	407
Bed cradles	26	10	36
Bed tables	5	1	6
Blankets	10	—	10
Bedsteads	12	1	13
Commode chairs	38	2	40
Crutches	13	—	13
Dunlopillo rings	71	22	93
Feeding cups	6	6	12
Patient lifters	10	—	10
Mattresses—Dunlopillo	42	10	52
other	3	—	3
Pillows	6	2	8
Pillow slips	8	—	8
Rubber sheets	316	229	545
Sheets	14	1	15
Spinal carriages	2	—	2
Urinals	35	60	95
Wheel chairs	106	3	109
Miscellaneous	16	24	40
TOTALS ..	1,070	811	1,881

Recuperative Convalescence.—Under the County Council’s scheme for the provision of convalescent facilities, arrangements are made for patients who are in need of a short convalescent holiday, involving no more than rest, good food, fresh air and regular hours, to go to suitable Convalescent Homes. Financial responsibility is accepted by the Council but patients are required to contribute towards the cost of their convalescence in accordance with their means.

During 1959, the following Convalescent Homes received 47 cases, at a total gross cost of £472 5s. 0d., of which £9 6s. 6d. was recovered from patients or their relatives :

Table 93 : Convalescence Cases

	Adults	Children
Lady Forester Convalescent Home, Llandudno ..	38	—
Shoreston Hall, Seahouses, Northumberland ..	1	—
“Tanllwyfan,” Colwyn Bay	—	5
Ty Gwyn, Llwngrwil	—	1
“The Rest” Convalescent Home, Porthcawl ..	2	—
	41	6

DOMESTIC HELP SERVICE

Since 5th July, 1948, the County Council have provided a Domestic Help Service, which was initiated and operated on the Council’s behalf by the Women’s Voluntary Services in the first instance. Since 1st April, 1952, however, the Service has been operated directly by the Council.

Particulars of the Domestic Help Offices operating within the County on 31st December, 1959, are given in the table below :

Table 94 : Home Help Offices

Centre	Address
BRIDGNORTH	Child Welfare Centre, Northgate
CHURCH STRETTON	Cottage Room, Silvester Horne Institute
LUDLOW	Child Welfare Centre, Dinham
MARKET DRAYTON	Child Welfare Centre, Longslow Road
NEWPORT	Child Welfare Centre, Beaumaris Road
OSWESTRY	Child Welfare Centre, 30 Upper Brook Street
SHREWSBURY	County Health Department, 3 Swan Hill
WELLINGTON	42 Tan Bank
WHITCHURCH	Child Welfare Centre, 27 St. Mary’s Street

Administration.—The Service is administered by the Health Committee of the County Council through their Nursing Sub-Committee.

With the exception of the Shrewsbury Office, which is operated within the general framework of the Department, each office is staffed by a paid part-time clerical assistant who is responsible for the day to day operation of the Service in her area, arranging the completion of application forms by householders requesting the services of a Home Help and receiving any charges which they may be required to pay.

All assessments are dealt with in the County Health Department where a centralised recording system is operated to control the collection of payments.

Each applicant for the services of a Home Help is visited by the District Nurse, or where necessary by the Health Visitor, who satisfies herself that the case is within the scope of the Service before recommending the extent to which assistance should be provided. Subsequent supervision is exercised through the medium of the Nursing Officers.

Charges for Domestic Help.—Applicants who feel unable to pay the Council's standard charge for Domestic Help—3/3d. per hour in 1959—may elect to furnish particulars of their financial circumstances so that they may be assessed to pay in accordance with their means. The assessed weekly charge for help provided for a domiciliary confinement case is raised by £1 per week for two weeks when a Home Confinement Grant is payable by the Ministry of National Insurance.

Home Helps.—Payment to Home Helps is made in accordance with the wages scale of the West Midlands Joint Industrial Council, Local Authority Non-Trading Services (Manual Workers). The rates in operation at the end of 1959 were 3/1½d. per hour in the Borough of Shrewsbury and 3/0¾d. elsewhere in the County, these rates being increased by 2d. per hour for work undertaken in homes where cases of respiratory tuberculosis or certain other infectious diseases are present.

A small number of whole-time Helps is employed for maternity cases and others needing full-time assistance, but in order to avoid "standing time" the major part of the work is undertaken by part-time helps.

All Home Helps are provided with overalls and are paid travelling expenses, either in the form of a weekly allowance for the use of bicycles or by the refund of actual 'bus or rail fares. Part-time helps receive payment for travelling time.

On 31st December, 1959, a total of 147 Home Helps was employed (7 full-time and 140 part-time) and the table below shows their distribution throughout the County :

Table 95 : Home Helps employed on 31st December

Centre	Whole-time	Part-time	Total
Bridgnorth ..	—	10	10
Church Stretton ..	—	4	4
Ludlow	—	18	18
Market Drayton ..	2	4	6
Newport	—	7	7
Oswestry	—	20	20
Shrewsbury	5	42	47
Wellington	—	29	29
Whitchurch ..	—	6	6
Total for 1959 ..	7	140	147
Total for 1958 ..	9	126	135

Work Performed.—During 1959, a total of 845 cases was assisted, at an average of 417 per week, and the hours worked and travelled by Home Helps in attending these cases amounted to 154,251.

Particulars of the individual categories of cases are given in the first table below. That this is a very important service for the elderly and chronic sick is emphasized by the fact that they represent 71 per cent. of the *cases* and that 130,564 (or 85 per cent.) of the *hours* worked by the Home Helps were devoted to their help; and this work is a big factor in helping elderly and chronic sick cases to avoid having to leave their homes to enter hospital or welfare accommodation.

Table 96 : Cases attended by Home Helps

Centre	Chronic Sick and Aged	Illness	Maternity	Post-operative	T.B.	Others	Total
Bridgnorth ..	39	—	4	1	1	—	45
Church Stretton ..	18	6	5	—	1	1	31
Ludlow	49	3	3	4	1	—	60
Market Drayton ..	20	—	14	1	—	—	35
Newport	19	1	6	3	—	—	29
Oswestry	74	9	15	1	—	1	100
Shrewsbury	205	31	75	15	4	3	333
Wellington	151	6	16	2	4	2	181
Whitchurch ..	22	3	4	—	2	—	31
Total for 1959 ..	597	59	142	27	13	7	845
Total for 1958 ..	530	62	145	24	17	8	786

Table 97 : Elderly and Chronic Sick Cases

Year	Cases			Hours Worked		
	Total— all categories (1)	Elderly and Chronic Sick		Total— all categories (4)	Elderly and Chronic Sick	
		Number (2)	% (3)		Number (5)	% (6)
1952	831	370	45	134,778	95,690	71
1953	755	367	49	120,886	87,580	71
1954	731	359	49	129,173	87,695	68
1955	648	383	59	130,239	102,358	78
1956	639	398	62	130,596	106,381	81
1957	709	475	67	140,778	116,449	83
1958	786	530	67	142,552	118,389	83
1959	845	597	71	154,251	130,564	85

Recovery and Expenditure.—The sum recovered during 1959 from those taking advantage of the Service was £3,966, compared with £3,546 during 1958 and £2,775 during the previous year. The statement below indicates the numbers of hours attributable to cases paying for the help at the standard rate, to those paying an assessed weekly charge and those receiving free help. Comparable figures for 1955 to 1958 are also given.

Table 98 : Hours worked and travelled by Home Helps

	1955	1956	1957	1958	1959
Standard Rate	7,082 = 5.4%	7,629 = 5.9%	9,491 = 6.7%	13,602 = 9.5%	15,111 = 9.8%
Assessed Rate	67,795 = 52.1%	68,739 = 52.6%	63,588 = 45.2%	57,302 = 40.2%	63,871 = 41.4%
Free	55,362 = 42.5%	54,228 = 41.5%	67,699 = 48.1%	71,648 = 50.3%	75,269 = 48.8%
TOTAL ..	130,239	130,596	140,778	142,552	154,251

The County Council's assessment scale was modified in February, 1955, in January, 1956, in January, 1958, and again in September, 1959, to the advantage of householders, following changes in the National Assistance Board's allowances, upon which the scale is based.

Particulars are given below of the expenditure incurred by the Council in the operation of the Service during 1959 with corresponding totals for the four preceding years :

Table 99 : Cost of Domestic Help Service

Year	Wages and Insurance			Overalls, Rentals, etc.	Total Expen- diture	Payments by House- holders	Nett Cost to County- Council	Receipts as Percentage of Ex- penditure
	Clerical Assistants	Home Helps						
		Whole- time	Part- time					
1955	£ 1,128	£ 5,772	£ 14,106	£ 938	£ 21,944	£ 2,687	£ 19,257	% 14.0
1956	1,234	5,119	16,512	927	23,792	2,629	21,163	11.1
1957	1,267	4,512	19,349	1,056	26,184	2,775	23,409	10.6
1958	1,493	3,399	22,301	1,017	28,210	3,546	24,664	14.4
1959	1,545	2,680	25,640	1,112	30,977	3,966	27,011	12.8

The wage awards made to Home Helps by the National Joint Council for Local Authorities' Services in May, 1955, March, 1956, May, 1957, July, 1958, and September, 1959, have caused the cost of the Service to rise from year to year, but the steady rise from year to year of the percentages in columns 3 and 6 of Table 97 above seems to be evidence for the Committee's contention that the service is not abused and that the help goes to where it is most needed, namely to the elderly and chronic sick whose incomes are limited.

MENTAL HEALTH SERVICE

Report of Principal Duly Authorised Officer

Administration.—The following duties relating to mental health are assigned to the County Council, as Local Health Authority, under the provisions of the National Health Service Act, 1946 :

- (1) The power, and to the extent that the Minister directs, the duty to make arrangements for the care and after-care of persons suffering from mental illness or mental defectiveness.
- (2) The ascertainment and (where necessary) the removal to "hospital" of mental defectives, and the supervision, guardianship, occupation and training of those residing in the community.

Responsibility for the Mental Health Service is that of the Health Committee, and this duty is delegated to the Health (General Purposes) Sub-Committee, the constitution of which is given on pages 7 and 10.

Staff.—On 31st December, 1959, the staff employed in the Mental Health Service, in addition to the County Medical Officer of Health and his Deputy, consisted of the following officers :

- 11 Assistant County Medical Officers
- 1 Principal Duly Authorised Officer
- 2 Assistant Duly Authorised Officers
- 1 Mental Health Social Worker
- 1 Home Teacher (part-time)
- 1 Superintendent Nursing Officer
- 1 Deputy Superintendent Nursing Officer
- 1 Assistant Superintendent Nursing Officer
- 43 Health Visitors
- 7 Occupation Centre Staff

On entering the service of the Council, all Assistant County Medical Officers who do not possess training and experience in the ascertainment of mentally sub-normal pupils and the certification of mental defectives are sent on a special post-graduate course. This, together with practical instruction received under the supervision of an approved medical officer both before and after attending the course, qualifies them for approval for the purposes of the School Health and Handicapped Pupils Regulations, 1953, and the issuing of certificates under sections 3 and 5 of the Mental Deficiency Act, 1913.

During the year Miss Peggy Harrison, who entered the Council's service in this field in 1956 at the age of 17, was successful in obtaining the Diploma for Teachers of the Mentally Handicapped. In congratulating her on this success, the Health Committee were glad to promote her to the post of Assistant Supervisor at the Sutton Lodge Training Centre.

Co-ordination with Hospital Authorities—Community Care.—Psychiatric out-patient clinics for adults, staffed by Consultant Psychiatrists and Psychiatric Social Workers from Shelton Hospital, Shrewsbury, are held twice weekly at Shrewsbury and Wellington, weekly at Oswestry, Ludlow and Bridgnorth, and fortnightly at Market Drayton and Whitchurch. The latter three clinics and that at Wellington are held in the County Council's Welfare Centres. Out-patient clinics for children are also held at Shrewsbury, Oswestry, Bridgnorth and Wellington.

The Psychiatric Social Workers employed by the Regional Hospital Board undertake on behalf of the County Council the after-care of most of the patients discharged from Shelton Hospital, selected cases being referred to the Council's staff for domiciliary after-care.

Particulars are given below of the numbers of patients receiving after-care by the Psychiatric Social Workers and the Council's staff respectively, who meet fortnightly at case conferences which are held at Shelton Hospital.

Table 100 : After-Care of Hospital Cases

Receiving After-Care	By Social Workers from Shelton Hospital			By County Council Staff		
	Males	Females	Total	Males	Females	Total
On 31st December, 1958 ..	364	686	1,050	6	19	25
On 31st December, 1959 ..	387	761	1,148	6	19	25

Lunacy and Mental Treatment Acts.—The following table gives particulars of all patients taken into hospital by the Duly Authorised Officers :

Table 101 : Cases dealt with by Duly Authorised Officers

Statute	Category	Males	Females	Total
Mental Treatment Act, 1930 ..	Voluntary	35	28	63
Mental Health Act, 1959	Informal	5	9	14
Lunacy Act, 1890 ..	Summary Reception Order	18	15	33
	Urgency Order	1	1	2
	"Three-day" Order	54	72	126
	"Fourteen-day" Order	1	—	1
	TOTAL FOR 1959 ..	114	125	239
	TOTAL FOR 1958 ..	110	125	235

Of the 126 patients admitted initially under a “Three-day” Order only 21 were eventually certified. Of the remainder, 70 became voluntary patients, 19 became informal patients, 14 were discharged and 2 died.

In addition to the 239 admissions to hospital arranged by the Duly Authorised Officers, investigations were carried out by them into 80 cases in which unsoundness of mind had been suggested but was not confirmed. Some of these persons required no special provision and were allowed to remain in the care of relatives or friends; some proved suitable for admission to hospitals for the chronic sick and were dealt with accordingly; while others were referred to the County Welfare Officer with a view to admission to the Council’s Residential Homes.

Particulars of all direct admissions to and discharges from Shelton Hospital have been supplied through the kindness of Dr. Brookes, the Medical Superintendent, and are shown below :

Table 102 : Shelton Hospital : Direct Admissions and Discharges

	Year	Voluntary	Informal	Temporary*	Certified	Total
Direct Admissions ..	1956	290	—	4	89	383
	1957	526	—	4	29	559
	1958	586	—	2	29	617
	1959	498	129	—	37	664
Discharges	1956	278	—	—	69	347
	1957	437	—	—	42	479
	1958	509	—	—	20	529
	1959	508	50	—	33	591

*These patients were subsequently re-classified into other categories.

Mental Deficiency Acts.

Ascertainment.—Particulars of the mental defectives ascertained during 1959, with corresponding figures for 1958 are given below :

Table 103 : Mental Defectives ascertained

	Males		Females		Total	
	1958	1959	1958	1959	1958	1959
Cases reported by Local Education Authority under the Education Act, 1944 :						
(i) Under Section 57(3)	10	10	10	9	20	19
(ii) Under Section 57(4)	—	1	—	1	—	2
(iii) Under Section 57(5) :						
On leaving special schools	13	15	8	8	21	23
On leaving ordinary schools	9	6	15	16	24	22
Other cases	—	1	3	—	3	1
TOTAL ..	32	33	36	34	68	67

Hospital Care.—During the year, 14 patients were admitted to mental deficiency hospitals for “permanent” as opposed to “short-term” care, making a total of 376 mental defectives from Shropshire receiving hospital care. Since the inception of the National Health Service all Shropshire patients have been sent to hospitals within the Birmingham Region, and of the 376 patients who are away from home 239 are accommodated as follows in the Birmingham Regional Board’s hospitals :

Lea Hospital, Bromsgrove (including Lea Castle Hospital)	70
Monyhull Hall, King’s Heath, Birmingham (including Middlefield Hall, Knowle)	32
St. Margaret’s Hospital, Great Barr Park, Birmingham	30
Stallington Hall, Blythe Bridge, Stoke-on-Trent	39
Coleshill Hall, Coleshill, Warwickshire (including Chelmesley Hospital, Marston Green)	19
Alton Street Hospital, Ross-on-Wye	6
The Beeches Hospital, Ironbridge	27
Loppington House Approved Home, Wem	3
Miscellaneous (all situated outside Shropshire)	13
	239

Our thanks are due to the Shrewsbury Group Hospital Management Committee and their Secretary for the continued use of a few children’s beds in Morda Hospital, Oswestry, for those severely handicapped mentally and physically who require nursing care. This is not designated mental deficiency hospital accommodation, but the care provided is excellent and we do not know how we would have managed without this accommodation, since it is so hard to secure early admission of needy cases elsewhere.

On 31st December, 1959, the number of patients awaiting admission to mental deficiency hospitals was 63 compared with 64 at the end of the previous year, and the following table shows the distribution of cases by classification and age-range :

Table 104 : Mental Defectives awaiting admission to Hospitals on 31st December, 1959

CLASSIFICATION	MALES					FEMALES					Total
	Under 7	7—16	16—30	30—60	Total	Under 7	7—16	16—30	30—60	Total	
Subnormal ..	—	—	9	—	9	1	—	2	3	6	15
Severely Subnormal ..	5	7	10	8	30	5	8	2	3	18	48
TOTAL ..	5	7	19	8	39	6	8	4	6	24	63

The majority of cases most urgently in need of hospital care and training are to be found in the under-16 age group and these young patients demand so much care and attention, and their conduct is often so destructive of normal family life and relationships, that the rest of the family have a very unhappy and wearisome time.

Informal admission of patients to mental deficiency hospitals.—Early in 1958 the Minister of Health advised local health and hospital authorities that under the existing law it is permissible for mentally defective patients to be admitted to mental deficiency hospitals without the use of the procedures laid down in the Mental Deficiency Acts, but in such event there would of course be no power of detention. Informal admission was therefore to be adopted as normal procedure, except where the patient or his nearest adult relative objected to admission or in other circumstances in which it was necessary for the hospital to have authority to detain the patient.

Thus, of the 14 Shropshire patients who during 1959 were admitted to mental deficiency hospitals and approved homes for “permanent” as opposed to “short-term” care, only 5 were certified, two of these being admitted under the order of a court.

Short-term Care.—Arrangements were made through the Birmingham Regional Hospital Board for 19 patients to receive short-term care in mental deficiency hospitals for periods varying from two weeks to six months.

Statutory Supervision.—Particulars are given in the table below of the cases under Statutory Supervision on 31st December, 1959 :

Table 105 : Patients under Statutory Supervision on 31st December, 1959

CLASSIFICATION	MALES					FEMALES					Total
	Under 7	7—16	16—30	Over 30	Total	Under 7	7—16	16—30	Over 30	Total	
Subnormal ..	3	19	125	16	163	—	15	75	21	111	274
Severely Subnormal ..	1	40	60	28	129	7	42	72	25	146	275
TOTAL 1959	4	59	185	44	292	7	57	147	46	257	549
TOTAL 1958	9	51	176	43	279	8	52	144	46	250	529

In addition to the cases under Statutory Supervision referred to above, there were 261 cases under Voluntary Supervision.

Employment.—Of the 422 adult patients under statutory supervision, 197 are in paid employment, 163 are occupied in various ways at home, and 62 have no employment or occupation. Many of the patients who are employable have difficulty in holding a job and the Mental Health staff often receive requests from parents to assist in finding fresh employment when patients lose their posts. This usually involves personal contact between the Mental Health staff and employers and painstaking, time-consuming efforts are sometimes necessary before success is achieved.

Training Centres.—For several years it has been the Council’s intention to adapt the Welfare Centre in Haygate Road, Wellington, for use as a Training Centre, but for reasons beyond the Council’s control it has not yet been possible to transfer the infant welfare and other services carried out in this building to other premises. Consequently the Wellington Training Centre has had to continue to operate under great difficulties in the inadequate and unsatisfactory temporary building in the grounds of the Vineyard Children’s Home. Fortunately however, during 1959 the opportunity was given to relieve the overcrowding by transferring 14 children from the Shrewsbury area who had been attending the Wellington Centre to the Sutton Lodge Centre in Shrewsbury when it was opened in October, 1959.

Sutton Lodge, which is situated in Betton Street (and not as many people think, in Sutton Road, off the Wenlock Road) had been vacated by the Children’s Department about the middle of the year. It had been used for many years as a children’s home, but due to certain re-organisation it was no longer required for this purpose, and the Health Committee seized the opportunity to take over the building and adapt it for use as a Training Centre.

Thirty to thirty-five children (including 9 boarders of one sex) can be accommodated comfortably at Sutton Lodge, but there are now 37 children on the register, of whom 9 are boarders.

Groups of 6 and 4 children continue to meet on one day a week in the Oswestry and Whitchurch Welfare Centres respectively, and it is hoped to make some increase in the number of sessions held in these centres.

The aim, however, is to provide full-time training for all children in the county who are capable of benefiting from it, and the Council therefore intend to provide considerably more residential accommodation within the curtilage of the new training centre at Shrewsbury which it is hoped to build in 1961/62.

Mental Health Act, 1959.—In October the Minister of Health directed local health authorities to submit to him not later than 1st April, 1960, their new Proposals for making arrangements for the prevention of mental disorder and the care and after-care of persons suffering from mental disorder.

Representations were received from the Salop Executive Council that no allusion had been made in these proposals to the General Medical Services which they administer. Certainly no slight nor discourtesy was intended to either the Executive Council or Practitioners in Salop, with all of whom friendly relationships usually obtain and perhaps notably in this field. The Practitioners in the Local Medical Committee seemed less concerned and said the protest had not come from them; they seemed, with us, to feel that co-operation between Practitioner and Duly Authorised Officer and the Department was good enough to be implicit without very special mention in the Council's proposals.

The Council's Proposals, which have now been approved by the Minister, are reproduced below :

PROPOSALS FOR THE PROVISION OF MENTAL HEALTH SERVICES UNDER SECTION 28 OF THE NATIONAL HEALTH SERVICE ACT, 1946

1. INTRODUCTION. The following outlines of the Council's proposals for the prevention of mental illness and the care and after-care of persons who are or have been suffering from mental disorder (hereafter described as a mental health service) are presented in two parts in respect of each section. The first part lettered "A" in italicised type is a statement of the service which the Council are already providing; the second part lettered "B" consists of the Council's new proposals for carrying out the existing service and developing it during the period to April, 1963, and subsequently, and these are submitted for the approval of the Minister of Health.

2. GENERAL

A. *The proposals in sub-paragraph B are additional to the arrangements already approved by the Minister relating to the prevention of mental illness, the care of persons suffering from mental illness or mental defectiveness, and the after-care of such persons under Section 28 of the National Health Service Act; existing arrangements made under Section 51 of that Act for carrying out duties under the Lunacy and Mental Treatment Acts, 1890—1930, and the Mental Deficiency Acts, 1913—1938, continue in operation until the relevant sections of these Acts are repealed on dates appointed by the Minister by order under Section 153 of the Mental Health Act, 1959; the proposals relating to duties under the repealed sections will then cease to have effect.*

B. The Council will make appropriate arrangements under Section 6 of the Mental Health Act, 1959, to meet the needs of the mentally disordered, for services as comprehensive as are reasonably practicable in the County of approximately 300,000 population in 861,800 acres, predominantly rural in character and where difficulty of transport is a major problem.

In particular they intend to provide or cause to be provided junior training centres, adult training centres, residential accommodation, home training, day centres, social clubs and other activities, home visiting and guardianship.

The services provided will be made known to and available to those who are in need of them.

3. ORGANISATION AND STAFF OF THESE SERVICES

A. *The Mental Health Services of the Council are administered by the Health Committee, and their day to day administration is delegated by the latter to their Health (General Purposes) Sub-Committee. The Council's Health Department is under the direction of the County Medical Officer, who is responsible to the Council and the latter Committees.*

The local authority's statutory duties under the Lunacy and Mental Treatment Acts and Mental Deficiency Acts are discharged primarily by Duly Authorised Officers, who will subsequently be designated Mental Welfare Officers. The domiciliary supervision of mental subnormals is undertaken by the Mental Welfare Officers and Health Visitors. The Senior Mental Welfare Officer under the direction of the County Medical Officer of Health supervises all the services. A limited amount of follow-up in connection with the discharge of patients from mental hospitals is also undertaken by the Senior Mental Welfare Officer and his assistants.

The County Council from time to time undertake financial responsibility for the training of suitable persons with a view to their subsequent employment as supervisors or assistant supervisors of their junior training centres and also from time to time send other members of their staff on short training courses.

Liaison with the principal mental hospital serving the County is at present ensured by the holding of fortnightly case conferences at the hospital attended by the County and Deputy County Medical Officers, the County Council's Mental Welfare Officers, the hospital's Psychiatric Social Workers and such of the Consultants as may be available. Apart from formal case conferences the proximity of the principal mental hospital to the County Council's health office makes for constant and easy consultation between the Council's Medical and Mental Welfare Officers and the hospital staff.

The County Medical Officer of Health is a member of the Local Medical Committee and generally enjoys good relationships with the practitioners in the County.

B. The County Council intend to employ in their Mental Health Service such number of staff (including clerical staff) of such grades as will ensure that the services provided or to be provided by the Council are effectively and efficiently performed and developed.

In anticipation of the need for more Mental Welfare Officers, the Council, in addition to recruiting sufficient trained workers as may be available, intend to undertake a limited amount of training of suitable persons. In-service training will take the form of instruction by the Senior Mental Welfare Officer, the Psychiatric Social Worker and use will also be made of such training courses as may be provided in the future by the National Association for Mental Health or by Universities or organised by local authorities or in other ways. The Council intend to recruit and train such sufficiency of these workers as may become necessary as the service develops. The personnel so trained will work side by side with the Council's present Mental Welfare Officers and undertake duties in connection with the pre-care of patients, their attendance at out-patient clinics, and their admission to hospital when suffering from the various mental disorders defined in Section 4 of the Mental Health Act, 1959, and the after-care of such patients on discharge, working at all times in close liaison with the staff of the mental hospitals and the mental deficiency hospitals.

When Section 11 of the Mental Health Act, 1959, comes into force and Section 57(5) of the Education Act, 1944, is repealed, arrangements will be made whereby the Council's Mental Welfare Officers and Health Visitors continue to provide friendly guidance of such a degree and for so long as individual circumstances require, in co-operation with teachers, the Youth Employment service, and, where appropriate, prospective employers, for mentally disordered adolescents.

For community work in association with cases discharged from the mental hospitals, the Council's Mental Welfare Officers will work in close liaison with the social workers of the mental hospitals.

It is intended that the Council's Mental Welfare Officers shall visit patients whilst in mental hospitals, between the pre-care and the after-care phases, observing their progress in hospital, and maintaining such friendly relationships as will make after-care more effective; similar visiting of patients in hospitals for the severely mentally subnormal will be undertaken where appropriate.

Services provided by the Guardianship Society and through the agency of other voluntary bodies and local health authorities have been used only to a limited extent in the past and will be used in the future to an extent depending on need, and on the services which such agencies are able to make available.

4. JUNIOR TRAINING CENTRES

A. *The Council at present provide two junior training centres, one in Wellington and one in Shrewsbury. In addition, they provide two training classes, one at Whitchurch and one at Oswestry, operating on one day a week each under a Home Teacher.*

The Wellington Centre can accept twenty children, the Shrewsbury Centre thirty, of whom nine of one sex are resident.

The Wellington Centre is staffed by one trained supervisor, one untrained whole-time assistant and two part-time untrained assistants.

The Shrewsbury Centre is staffed by one Health Visitor, one trained assistant supervisor, one untrained assistant supervisor and a house-mother as well as sufficient part-time domestic staff.

Ancillary services such as mid-day meals, mid-morning milk, medical and dental inspections and dental treatment are provided.

No special transport facilities are at present available for the Wellington Centre but the County Council provide a 'bus to assist in the conveyance of the majority of the children attending the Shrewsbury Centre.

B. The junior training centres are expected to develop on the following lines :

Improved accommodation at Wellington and Shrewsbury will be provided and consequently the Council will make alternative arrangements at Wellington by adaptations to the existing Welfare Centre building to accommodate 30/35 children and to build or commence building a new training centre at Shrewsbury. It is intended to build the latter centre to accommodate 55* children, of whom 25 would be resident. The residential accommodation at Shrewsbury will be used initially to accommodate children requiring centre training from areas of the County lying to the south, east and west where transport difficulties preclude them from attending a centre daily. Consideration will be given to its subsequent expansion as it seems probable that owing to the geographical distribution of children for whom provision must be made in the north of the County, and to the inherent transport difficulties in this area, anything in the way of junior centres in the north of the County would never be entirely successful, and it may prove desirable to train these children at the Shrewsbury centre as weekly boarders as an alternative to continuing the existing junior day training classes or providing very small junior centres.

The majority of children will be received as day pupils, in some cases with the co-operation of the parents in making their transport arrangements fit in with the Council's transport arrangements.

The County Council will review their transport arrangements from time to time, in the light of the development not only of the junior centres but also of any other centres which they may find necessary. The Council will make such other provision as may be appropriate.

The development of the Wellington Junior Centre may depend upon the provision of special transport facilities, and consequently the Council may feel obliged to make such provision.

*Subsequent review early in 1960 has caused the Council to accept the need for increasing the extent of the accommodation they plan, from 55 children (of whom 25 would be resident) to 75 (with 40 resident), and negotiations are proceeding, with these latter figures in mind, to acquire a suitable site in Shrewsbury.

5. ADULT TRAINING CENTRE

A. *No adult training centres are provided in Shropshire, but at present strict adherence is not given to the enforcement of the theoretical leaving age of 16 years for the junior centres.*

B. The adult training centres are expected to develop on the following lines :

After the Council's proposed new junior centre at Shrewsbury, and adapted junior centre at Wellington, as described above, have been completed, the Council will give consideration to the provision of accommodation adjoining both premises to serve the needs of those adult mentally disordered persons who can appropriately attend.

Should residential accommodation for adults attending such latter training centres become necessary in the future, the Council will contemplate establishing hostels by acquiring suitable houses in the proximity of the centres for the purpose.

6. RESIDENTIAL ACCOMMODATION

A. *Apart from the residential training centre mentioned in 4 above and the arrangements which may be made in cases of special need for the care of mentally subnormal persons elsewhere than in their own homes for a period normally not exceeding two months, the Council do not specifically provide accommodation for any class of mentally disordered patients.*

B. Any development in this field will require consideration after consultation with the Medical Officers of hospitals. It is possible that accommodation will be required for a small number of mentally disordered patients in whose cases cogent reasons exist why lodgings would be unsuitable. It is intended to give consideration to the future use of the house which is at present serving as a junior training centre for Shrewsbury for this purpose, on the removal of the centre to the new premises in 1962 or on their completion. If and when there appears to be a reasonable need to provide accommodation for mentally subnormal patients discharged from hospitals, who, for various reasons, have no homes or unsuitable homes to which to return, the Council will consider the provision of appropriate hostels. Both types of accommodation will be operated as hostels from which the residents go out to work in the community.

A number of mental subnormals in the past have been successful in obtaining unskilled work in industry and to this end justification may be found for establishing a residential hostel, particularly in the Wellington area.

7. HOME TRAINING

A. *The Council, having in mind the inherent geographical difficulties encountered in the County, authorised the employment of a home teacher to give domiciliary training to mental subnormals in the north of the County. It has so far proved impossible to recruit a qualified home teacher and the best arrangement which could be made has been the employment, part-time, of an unqualified but experienced home teacher who teaches the children in two groups.*

B. The Council will review from time to time how the needs of the children in the north of the County for home training can best be met.

8. DAY CENTRES, SOCIAL CLUBS AND OTHER ACTIVITIES

A. *A Social Club for mental subnormals of all ages is operated fortnightly by a voluntary organisation which is closely associated with the Wellington branch of the Society for Mentally Handicapped Children. The relationship between the Council and the voluntary associations is excellent, and every encouragement is given to these organisations. The Club is held in the Council's Welfare Centre at Wellington, the premises being loaned for this purpose. Social activities, including an annual Christmas party, are organised by the Wellington branch of the Society for Mentally Handicapped Children.*

B. Arrangements for a similar social club in Shrewsbury are under consideration.

Social activities for mentally disordered persons are of necessity extremely limited in scope in a rural County. Where, however, there are centres of population sufficiently numerous to justify such activities every endeavour will be made to promote the social side of community care.

9. HOME VISITING SERVICE

A. *The visiting of mentally subnormal persons is undertaken by the Council's Mental Welfare Officers and Health Visitors. A limited amount of after-care of patients discharged from mental hospitals is also undertaken by the Mental Welfare Officers and Health Visitors but most of this work is carried out by the Psychiatric Social Workers of the principal mental hospital supplying the needs of this County.*

B. The care and after-care of mentally subnormal persons will continue to be carried out by the Mental Welfare Officers and Health Visitors and as the number of Mental Welfare Officers employed by the Council increases, so it will be possible to intensify efforts towards the better socialisation of patients already residing in the community by encouraging them in the pursuit of useful occupations and, where possible, placing them in employment.

The care and after-care of mentally disordered persons will be increasingly undertaken by the Council as staff permits and in co-operation with the Hospitals concerned.

10. GUARDIANSHIP

B. The Council will exercise their functions under the Mental Health Act, 1959, in respect of persons placed under guardianship, whether under that of the Council or of other persons.

NURSING HOMES

Registration.—Section 187 of the Public Health Act, 1936, requires the registration of all nursing homes, maternity and other, and the County Council, as Registration Authority, have power to grant exemption from registration in certain cases.

The following are particulars of registered Nursing Homes accommodating maternity and general cases. There were no additions to the register during the year, but in one case an order was made refusing to re-register an existing Home for additional beds.

Table 106 : Nursing Homes

Accommodation provided	Nursing Homes	Beds available
General cases only	3	36
Maternity cases only	1	5
Maternity and General cases ..	7	73
TOTAL ..	11	114

Inspection.—Registered Nursing Homes are visited by the Superintendent Nursing Officer or her Assistants, and an effort is made to visit each home regularly; twenty-eight inspections were made in 1959.

REGISTRATION OF DAY NURSERIES AND DAILY MINDERS

Under the provisions of the Nurseries and Child Minders Regulation Act, 1948, which came into force on 30th July of that year, the County Council, as Local Health Authority, are required to register and supervise

- (a) private persons (daily minders) who receive into their homes, for reward, children under the age of 5 years to be looked after for the day, or for a longer period not exceeding six days; and
- (b) premises (day nurseries) in which children below the upper limit of compulsory school age are looked after for the day, or for a longer period not exceeding six days, within the provisos implicit in the next two paragraphs.

Registration is not required in the case of hospitals, homes or institutions, maintained by Government Departments and Local Authorities, schools and nursery schools supervised by Local Education Authorities, or premises and child minders supervised under Child Life Protection enactments.

After the expiration of a period of three months following the coming into operation of the Act, it became an offence for a child to be received into an unregistered day nursery, or for more than two children from more than one household to be received by an unregistered child minder who is not a relative.

The Act empowers the County Council to define requirements which must be complied with:

- (a) in the case of day nurseries, the condition of the premises, the number and qualifications of the staff, equipment, feeding arrangements, medical supervision and records; and
- (b) in the case of daily minders, the number of children to be received and the precautions to be taken against the spread of infectious diseases.

There were no applications for registration during 1959 and, at the end of the year, there were no registered Nurseries or Child Minders in the County.

In one instance, an anonymous advertisement appeared in a local newspaper containing an offer to look after children during the day. The Editor of the paper was accordingly informed of the provisions of the Children Act, 1958, prohibiting anonymous advertisements of this kind, and a warning letter was sent to the advertiser at the Box Number quoted.

WELFARE OF THE BLIND

Welfare of the Blind is the responsibility of the Welfare Committee of the County Council and the information which follows has been made available for inclusion in this Report through the courtesy of the County Welfare Officer, F. G. Fawcett, Esq., T.D.

Registers of Blind Persons.—On 31st December, 1959, the numbers of persons included in the Shropshire Registers of Blind and Partially-Sighted Persons were as follows :

Table 107 : Registers of Blind and Partially-sighted Persons

	Males	Females	Children	Total
Blind	223	313	15	551
Partially-sighted ..	24	30	18	72
TOTAL ..	247	343	33	623

Additions to the Registers.—During the year, the number of persons examined by Ophthalmologists at the request of the County Welfare Officer was 88; of these, 67 persons (21 males and 46 females) were certified as blind persons and included in the Register. In addition, 11 persons (4 males and 7 females) were certified as partially-sighted. Ten persons were found to be neither blind nor partially-sighted.

Of the 78 cases added to the Registers during the year, 63 blind persons (18 males and 45 females) and 7 partially-sighted persons (2 males and 5 females) were 60 years of age or more.

Causes of Blindness.—A perusal of Forms B.D.8 completed in respect of the 67 persons certified during the year indicated that in 22 (or 32.8 per cent.) of these cases the primary cause of blindness was macular degeneration; 14 of these cases were all aged 70 years or more.

Other major causes of blindness were: Cataract, 16; Glaucoma, 10; Myopia, 4; Diabetes, 3; Choroidal Retinopathy, 3.

The blind persons for whom treatment was recommended numbered 32, medical treatment being suggested in 12 cases, surgical in 12 cases, and optical in 8 cases. Hospital supervision was recommended in 18 cases. No treatment was suggested in 17 cases.

Of the above, two persons for whom surgical treatment had been recommended were found to be physically unfit for such treatment.

It would seem that, although treatment of one form or another or Hospital supervision was advised in 50 cases, it was anticipated that this would only result in the removal of four persons from the category of blind persons.

The table below relates to the provision of treatment as a result of follow-up action in the case of blind and partially-sighted persons :

Table 108 : Follow-up of Registered Blind and Partially-sighted Persons

	CAUSE OF DISABILITY									
	Cataract		Glaucoma		Retrolental Fibroplasia		Others		Total	
	Blind	Part. Sight.	Blind	Part. Sight.	Blind	Part. Sight.	Blind	Part. Sight.	Blind	Part. Sight.
Cases registered during 1959 in respect of which the relevant paragraphs of Form B.D.8 recommend :										
(a) No treatment	2	2	1	—	—	—	14	—	17	2
(b) Treatment (medical, surgical or optical)	12	2	5	—	—	—	15	4	32	6
(c) Hospital supervision	2	2	4	—	—	—	12	1	18	3
Cases at (b) and (c) above which, on follow-up action, have received, or will receive, treatment	13	4	8	—	—	—	27	5	48	9

EPILEPSY AND SPASTIC PARALYSIS

Responsibility under Section 29 of the National Assistance Act, 1948, for the Welfare of Handicapped Persons (those substantially and permanently handicapped by illness, injury or congenital deformity) is that of the Welfare Committee.

Such persons include those suffering from Epilepsy and Spastic Paralysis and in respect of these categories of handicapped persons, close liaison between the County Health and Welfare Departments ensures that the names of persons over school leaving age who can be described as permanently and substantially handicapped are placed on a register so that they may receive such assistance as the County Welfare Committee can provide.

In addition, arrangements have been made with the approval of the Local Medical Committee and local branch of the British Medical Association, to obtain information from General Medical Practitioners of patients who qualify for assistance from the Welfare Services.

On 31st December, 1959, the numbers of persons in this County suffering from epilepsy or spastic paralysis, and known to the County Welfare Department, were as follows :

	Males	Females	Total
Epilepsy	16	21	37

(Of these, 9 were accommodated in their own homes; 5 were in hospital; 10 were accommodated on behalf of the Council by voluntary organisations; and 13 were in accommodation provided by this Authority under Part III of the National Assistance Act, 1948).

	Males	Females	Total
Spastic Paralysis ..	10	14	24

(Of this total, 18 were accommodated in their own homes; one was accommodated in the Royal Midland Counties Home for Incurables, Leamington Spa; two were in the Derwen Cripples' Training College, Gobowen, Oswestry; one was in the Manchester Cripples' Help Society Home, Tan-y-Bryn, Abergele; one was in hospital; and one was attending the Thomas Delarue School, Tunbridge Wells.

In addition to the above, there were known to the School Health Service the following cases of epilepsy and spastic paralysis amongst children up to 16 years of age :

	Males	Females	Total
Epilepsy	46	59	105
Spastic Paralysis ..	41	43	84
TOTAL ..	87	102	189

INSPECTION AND SUPERVISION OF FOODS

Qualitative Sampling of Milk and Other Foods.—Under Section 2 of the Food and Drugs Act, 1955, a person who sells to the prejudice of a purchaser any food or drug which is not of the nature, substance or quality demanded is guilty of an offence; and under Section 91 of the Act, an Authorised Officer of a Food and Drugs Authority may procure samples of foods and drugs for analysis, with a view to ensuring compliance with Section 2.

Except in the Borough of Shrewsbury, which is an independent Food and Drugs Authority, the County Council are the responsible authority within the County.

Milk.—

Testing of Milk Samples.—Following approval by the County Council early in 1958 of the policy of testing milk samples within the Health Department, the following procedure with regard to milk sampling is adopted by the Department's Sampling Officers. In the course of routine sampling, two samples of the same grade of milk are obtained from the retailer. One is divided into three parts, and sealed and labelled in accordance with the procedure laid down under the Act; the other is treated as an "informal" or "comparative" sample, and is tested in the Health Department Laboratory, for Fat and Solids-not-Fat content. Only if this latter sample is 'non-genuine' is the corresponding formal sample forwarded to the Public Analyst for analysis together with any other samples obtained from the same retailer which may be necessary to provide evidence if legal proceedings are instituted.

Individual samples received on complaint from members of the public are also submitted direct to the Analyst where it is not possible to obtain a corresponding sample.

During the year 1,216 milk samples were tested in the Department's Laboratory; 56 of these were found to be below the legal standard and action was taken as follows :

- 25 were slightly deficient in fat and the vendors were notified.
- 2 were found to contain a small amount of added water and the vendor concerned was notified.
- 2 (informal samples) were appreciably deficient in fat and the vendors concerned were notified. Follow up samples proved to be satisfactory.
- 4 were deficient in fat and subsequent Appeal-to-Cow samples showed that the cows were giving milk below the required standard. The vendor concerned was notified.
- 1 was appreciably deficient in fat and the corresponding formal sample was forwarded to the Public Analyst, who also returned it as appreciably deficient in fat. Consequently 11 'on delivery' samples were obtained of which :
 - 2 were deficient in fat (one appreciably and one slightly). As subsequent Appeal-to-Cow samples showed that the cows were giving milk below the required standard the producer concerned was notified and the Milk Advisory Service informed.
- 13 were unsatisfactory to an extent which necessitated the corresponding formal samples being forwarded to the Public Analyst, and are dealt with under that heading.
 - 2 of four 'on delivery' samples taken in connection with one of the 13 samples referred to above were unsatisfactory ; all four were forwarded to the Public Analyst and these are also included below.
 - 5 of 7 samples procured from one producer-retailer were also unsatisfactory to an extent which necessitated all the corresponding formal samples being forwarded to the Public Analyst and these again are included in the figures given below.

Analyses by the Public Analyst

Of 37 samples forwarded to the Public Analyst, 17 were reported to be adulterated or below standard and the following particulars indicate the action taken :

- 1 sample of Sterilized Milk submitted following a complaint by a member of the public was found to contain foreign matter—a piece of cork. A warning letter was sent to the dairy firm concerned who apologized for the incident.
- 1 sample was appreciably deficient in fat. 'Appeal-to-Cow' samples, however, proved that the cows were giving milk below standard for fat.
- 2 samples were slightly deficient in fat and were the 'on delivery' samples referred to previously.
- 1 sample of Channel Islands Milk taken from a retailer was found to be appreciably deficient in fat. Four 'on delivery' samples were taken from two of the retailer's suppliers and two of these samples (one from each supplier) proved to be deficient in fat, though not to such an extent as the original sample.

The Milk and Dairies (Channel Islands and South Devon Milk) Regulations, 1956, require that all milk sold under the description of Channel Islands or South Devon Milk should contain not less than four per cent of milk fat, but make no provision for "Appeal-to-Cow" samples to be taken. A prosecution in this case was, therefore, seriously considered, but it was decided to draw the attention of the Shropshire Branch of the National Farmers Union and the National Dairymans Association to the question of fat deficiencies for Channel Islands Milk. Accordingly, a meeting took place at which the matter was fully explained to the representatives of these organisations and since that time a circular has been sent by the National Dairymans Association and the National Farmers Union to all members in Shropshire, warning them of the seriousness with which the standard for fat in Channel Islands Milk must be regarded. In view of this action it was considered that it would not be necessary to prosecute the retailer concerned and a warning letter was sent to him.
- 2 samples of Channel Islands Milk were found to be appreciably deficient in fat and legal proceedings against the vendors concerned were instituted as indicated in Table 109 below.
- 10 samples were found to contain added water and legal proceedings were instituted against the three producers concerned as indicated below :

Table 109. Proceedings under the Food and Drugs Act.

Magistrates' Court	Analysis	Result	Fine	Costs
				£ s. d.
Wellington	7% Added water 5% Added water 11% Added water 4% Added water 5% Added water	Case proved	£10	39 13 0
Shirehall, Shrewsbury ..	11% Deficient in Fat 23% Deficient in Fat	Case proved	£10	7 10 0
Oswestry	2% Added water	Case proved	£10	8 10 0
Mid. Shropshire ..	30% Added water 25% Added water 20% Added water 17% Added water	Case proved	£5 plus £10 against cowman (See note).	10 10 6

Note : The defendant in the Mid. Shropshire case referred to above summoned her former cowman under Section 113 of the Food and Drugs Act, 1955, her defence being that he had deliberately watered the milk without her knowledge. The court accepted this and fined the cowman £10. The fine of £5 plus costs imposed on the defendant was ordered on the grounds that she had not used all due diligence to prevent the occurrence.

Average Composition of Milk.—The Sale of Milk Regulations, 1939, prescribe a standard for milk of 3 per cent. for fat content and 8.5 per cent. for Solids-not-Fat content and milk which, on examination, does not come up to this standard is presumed to be “non-genuine” until the contrary is proved. Where the solids-not-fat content is below 8.5 per cent., however, unless the presence of extraneous water is determined by the Hortvet Freezing Point Test, such samples are returned as “genuine” provided, of course, the fat content is satisfactory.

Of the 1,216 milk samples tested during the year, 56 were either adulterated or below the required standard, representing 4.1 per cent. of the total.

Table 110 below gives particulars of the average fat and solids-not-fat content of the samples of milk, including adulterated and “appeal-to-cow” samples, and excluding Channel Islands and South Devon milk, which is dealt with separately in Table 111 below, taken during 1958 and 1959:

Table 110. Average Composition of Milk Samples

Month	1958			1959		
	Samples	Average fat percentage	Average solids-not-fat percentage	Samples	Average fat percentage	Average solids-not-fat percentage
January	82	3.70	8.65	110	3.40	8.55
February	66	3.65	8.65	67	3.40	8.50
March	41	3.70	8.60	63	3.50	8.55
April	80	3.30	8.55	94	3.35	8.65
May	73	3.40	8.75	47	3.30	8.80
June	96	3.40	8.75	77	3.30	8.70
July	93	3.45	8.60	115	3.40	8.60
August	83	3.55	8.60	84	3.45	8.55
September	79	3.70	8.60	107	3.50	8.60
October	128	3.75	8.65	96	3.65	8.65
November	132	3.75	8.65	118	3.65	8.65
December	147	3.75	8.60	106	3.75	8.70
Over whole year	1,100	3.60	8.65	1,084	3.45	8.65

As regards fat, it will be seen that May and June show the lowest figures and October, November and December the highest figures. This is a natural variation, the fat content usually being at its lowest during the Spring and early summer and highest during the Autumn.

The prescribed standard for Channel Islands and South Devon Milk is 4 per cent. for fat and 8.5 per cent. for solids-not-fat. The following table gives particulars of the samples of Channel Islands milk examined during 1958 and 1959 :

Table 111. Channel Islands Milk—Average Composition

Month	1958			1959		
	Samples	Average fat percentage	Average solids-not-fat percentage	Samples	Average fat percentage	Average solids-not-fat percentage
January	10	5.00	9.15	11	4.65	8.95
February	6	4.80	9.15	8	4.75	8.95
March	4	5.10	9.10	7	5.00	8.85
April	8	4.40	8.80	19	4.35	9.05
May	12	4.60	9.15	3	4.40	9.25
June	11	4.60	9.15	10	4.55	9.10
July	13	4.95	9.05	14	4.40	9.00
August	6	5.00	9.05	7	4.40	9.00
September	8	4.60	9.05	17	4.50	8.95
October	14	5.10	9.15	9	4.95	9.15
November	11	4.90	9.05	14	5.00	9.15
December	8	5.20	8.90	13	4.95	9.10
Over whole year	111	4.85	9.05	132	4.65	9.05

Other Foods and Drugs.—Table 114 on page 79 summarises the 425 samples of other foods and drugs which were examined by the Public Analyst and the following particulars indicate the action taken in respect of those samples found on analysis to be non-genuine :

- 3 formal samples of Dried Blue Peas were found to contain rat excreta. These were obtained from School Canteens and Kitchens and following the results of analysis it was considered at first that it would be necessary to prosecute the vendors. The Clerk of the Council was later informed, however, that Stoke-on-Trent Corporation intended to prosecute the vendors' suppliers, and that the Corporation would refer in Court to the fact that the peas had been distributed over quite a wide area, including a number of schools in Shropshire. In the circumstances, it was decided that it would be unnecessary for the County Council to institute proceedings and the County Medical Officer was later informed that the prosecution was successful, the firm being fined £30 and ordered to pay £3 3s. 0d. costs.
- 1 informal sample of Lemon Curd (a "home made" product) was found to be 9% deficient in soluble solids. A warning letter was sent to the vendor concerned.
- 1 informal sample of Pork Luncheon Meat contained 57% meat content, whereas in the opinion of the Analyst the meat content should be 90%. As the product was manufactured in the Republic of Ireland a warning letter was sent to the local vendors pointing out the deficiency. In their reply they stated that they intended to discontinue their stocks of this brand.
- 1 informal sample of Shredded Beef Suet was found to be 2.6% deficient in beef fat. A warning letter was sent to the suppliers who in turn referred the matter to their own suppliers. The latter contended that they have been processing Shredded Suet for many years and always made every effort to keep the fat content within the prescribed limits. They also arranged for another packet of the suet taken from the same shop to be analysed by an independent analyst, who later reported it to be 0.4% above the legal standard.
- 3 informal samples of Sausages (two Pork and one Beef) were found on analysis to contain the preservative Sulphur Dioxide without that fact being displayed by notice or label. A warning letter was sent in each case to the vendors concerned.
- 1 informal sample of Cream Ice was found on analysis not to contain milk fat. This was followed by the purchase of a formal sample, which produced the same analysis and did not conform, therefore, with the Food Standards (Ice Cream) Regulations, 1959, which had recently come into force and which prescribed a standard for a Cream Ice or Dairy Ice Cream of at least 5% of milk fat. The manufacturers contended that the Cream Ice was not intended to be the same as their Dairy Ice Cream quality, and that they were under the impression that they were allowed to use up their existing stocks of cartons until November, 1959. It was fairly obvious in this case that there was no intent to defraud as the sample concerned was a 10oz. brick which only cost 1/-, the Dairy Ice Cream manufactured by the firm being sold in packs of a quite different design and at a higher price. In consultation with the Clerk of the County Council it was decided, therefore, not to institute legal proceedings in this case but to send a warning letter to the manufacturer.
- 1 formal sample of Cream Ice (the follow-up sample referred to above) was found on analysis not to contain milk fat.
- 2 informal samples of Dried Milk Powder submitted on behalf of the Secretary for Education were found on analysis to be unsatisfactory, one having hard discoloured fragments and the other a high lactic acid content. The Secretary for Education was informed of the Analyst's findings in order that he might ask the suppliers to give credit for the consignment.
- 1 informal sample of Casserole Steak was found to contain two pieces of meat which were stained black by iron. Although the Analyst considered the stains to be harmless, the meat content of this product was low, being 58%. A warning letter was sent to the Wholesale Supplier who expressed his regret and stated that he had now ceased to supply this brand of Casserole Steak and was providing an alternative. A sample of the brand referred to was obtained and proved to be satisfactory.
- 1 informal sample of Luncheon Meat was found to have a meat content of 67% whereas in the opinion of the Analyst it should have been 80%. The matter was taken up with the local Wholesalers who in turn referred the result to the main National Importers. The latter stated that prior to the 1st October, 1959, there had been no standard governing the meat content of Luncheon Meat, but that an agreement had now been reached between the Food Manufacturers' Federation and the Association of Public Analysts which would provide for a minimum meat content of 80% as from 1st October, 1959. The importers also contended that a "reasonable time" must be allowed for the disposal of old stocks. In view of the fact that the agreement in question does not have the force of law and bearing in mind the fact that if it is generally complied with it will lead to an improvement in the quality of Luncheon Meats, it was decided to take no further action with regard to this sample.
- 1 informal sample of Steak and Kidney Pudding was found to be not genuine, in that the label stated the contents to be Beef and Kidney whereas it was found on analysis that no pieces of Kidney were present. The Public Analyst advised a formal follow-up sample; this however proved to be genuine.
- 1 informal sample of Luncheon Meat was found on analysis to have a meat content of 70%, whereas in the opinion of the Analyst it should have contained 80%. The merchants handling the product, which was imported from Holland, were warned of the seriousness with which the County Council, as Food and Drugs Authority, viewed articles of food which are returned by the Public Analyst as below standard. The firm stated that they were very surprised at this result as their instructions to their Dutch Packers were to obtain a figure of 85% meat content. They asked for a full copy of the Analyst's certificate and promised to investigate the matter further. Subsequently they stated that they had been in communication with their buying agents in Amsterdam, who had also looked into the matter but they were still unable to explain why the sample in question should have given a figure of 70% for meat content. In view of the absence of any legal standard for Luncheon Meat it was decided to take no further action on this matter.
- 1 sample of Brown Bread, the subject of a complaint by a member of the public, was found to contain a piece of black matter about half an inch long which was identified as charred bread with some flour. The Analyst expressed the opinion that the charred bread would be derived from a baking pan.
The owner of the bakery firm concerned was interviewed by the Public Health Inspector for the district and the County Sanitary Officer, and a warning letter sent following the visit.
- 1 formal sample of "Rolls spread with Butter", obtained following a complaint by a member of the public, was found to contain Margarine instead of Butter. Legal proceedings were, therefore, successfully instituted in this case as follows :

Table 112. Court Proceedings—Bridgnorth

Magistrates' Court	Analysis	Result	Fine	Costs
Bridgnorth	Rolls containing margarine not butter . .	Case proved	£10	£ s. d. 2 10 0

- 1 sample of Currant Bread Roll, submitted following a complaint by a member of the public, was found to contain a Cockroach. The Currant Bread Roll had been purchased from a local shop and the wife of the complainant discovered the Cockroach when cutting up the roll. The complainant expressed great concern about this matter and felt that strong action should be taken. After careful consideration legal proceedings were successfully instituted against the Bakery Firm concerned as indicated in Table 113 below.
- 1 sample of Bread submitted following a complaint by a member of the public, was found to contain Rodent excreta. In this case the complainant discovered the excreta in the bread whilst eating a slice from the loaf. Legal proceedings were successfully instituted against the baker concerned as shown below.

Table 113. Court Proceedings—Whitchurch

Magistrates' Court	Analysis	Result	Fine	Costs
Whitchurch ..	Currant Bread Roll found to contain Cockroach	Case proved—absolute discharge	—	£ s. d. 2 10 0
Whitchurch ..	Piece of bread found to contain Rodent excreta	Case proved—absolute discharge	—	2 10 0

Table 114. Food and Drugs Samples taken in 1959 and Analysed by the Public Analyst

Description of Samples	Total	Formal		Informal	
		Genuine	Adulterated or below standard	Genuine	Adulterated or below standard
Milk	37	20	17	—	—
Baking Powder	3	—	—	3	—
Beverages	2	—	—	2	—
Blancmange, Cornflour and Custard Powders	8	—	—	8	—
Bread	3	—	3	—	—
Butter	5	—	—	5	—
Cake, Pudding and Sponge Mixtures ..	9	—	—	9	—
Cakes, Puddings, Pastry and Confectionery	6	—	1	5	—
Cereals	2	—	—	2	—
Cheese and Cheese Products	9	—	—	9	—
Chewing Gum	3	—	—	3	—
Coffee and Coffee Products	11	—	—	11	—
Condensed, Evaporated and Dried Milk	12	—	—	10	2
Condiments	21	—	—	21	—
Cream	9	—	—	9	—
Fats	3	—	—	3	—
Fish and Fish Products	6	—	—	6	—
Flavourings and Colourings	9	—	—	9	—
Flour	9	1	—	8	—
Fruit Dried	6	—	—	6	—
Fruit Juices	12	1	—	11	—
Fruit, Tinned and Fresh	7	—	—	7	—
Gelatine	3	—	—	3	—
Gravy Browning and Salt	2	—	—	2	—
Herbs, Spices and Stuffing	12	—	—	12	—
Honey	1	—	—	1	—
Ice Cream	10	—	1	8	1
Jam, Marmalade, etc.	20	—	—	19	1
Jelly and Jelly Crystals	8	—	—	8	—
Lemonade Crystals	3	—	—	3	—
Margarine	5	—	—	5	—
Marzipan and Almond Paste	3	—	—	3	—
Meat and Meat Products	35	1	—	28	6
Medicines and Drugs	46	—	—	46	—
Nuts	6	—	—	6	—
Olive Oil	3	—	—	3	—
Pickles	7	—	—	7	—
Rice and Rice Products	5	—	—	5	—
Sago, Tapioca, etc.	5	—	—	5	—
Sauces	8	—	—	8	—
Sausage	12	—	—	93	3
Soft Drinks	12	—	—	12	—
Soups	4	—	—	4	—
Spreads	11	—	—	11	—
Sweets and Chocolate	1	—	—	1	—
Sugar, Glucose, etc.	7	—	—	7	—
Syrup and Treacle	2	—	—	2	—
Tea	7	—	—	7	—
Vegetables	6	—	3	3	—
Wines, Spirits and Beer	25	15	—	10	—
Yeast	1	—	—	1	—
TOTAL ..	462	38	25	386	13

Tuberculous Milk.—The County Council are responsible for the enforcement of Section 31 of the Food and Drugs Act, 1955, which prohibits the sale for human consumption of milk known to have been obtained from cows suffering from tuberculosis. The herds from which positive samples are obtained and examined by the Veterinary Staff of the Ministry of Agriculture, Fisheries and Food, and the diseased animals are dealt with under the Tuberculosis Order. The District Medical Officers of Health concerned are also informed of all positive samples to enable action to be taken under the Milk and Dairies Regulations and conditions placed on the sale of such milk for human consumption.

Notifications from other Authorities.—When notification is received from the Medical Officer of Health of a neighbouring County that, as a result of biological sampling, living tubercle bacilli have been found in milk produced in this County, the herd involved is similarly investigated.

No such notifications were received in 1959.

Sampling of Public and other Supplies.—Samples of milk for biological examination for tubercle bacilli are obtained by Sampling Officers of the County Council from sources and at intervals as under :

Retailed direct to the public :			
Undesignated milk	..	..	Quarterly
Consents to sell undesignated milk in specified areas	..	..	Quarterly
T.T. milk	..	..	As occasion warrants
Consigned wholesale to Creameries	..		As occasion warrants
Supplied to County Welfare Homes	..		Quarterly
T.T. milk supplied to Schools	..	..	Quarterly
Produced at Hospital Dairy Farms	..		Quarterly

Table 115. Samples taken for Biological examination

Source	Grade	Samples			Cows dealt with under Tuberculosis Order
		Total	Positive	Negative	
Retail Supplies	Undesignated ..	59	—	59	—
Consents	Ditto ..	55	—	55	—
Wholesale Supplies ..	Ditto ..	154	1	153	1
County Welfare Homes	Tuberculin Tested ..	5	—	5	—
Hospital Dairy Farms ..	Ditto ..	4	—	4	—
School Supplies ..	Ditto ..	17	—	17	—
	TOTAL ..	294	1	293	1

Milk in Schools Scheme.—Approval of milk supplied to schools is normally restricted to that designated either as “Pasteurised” or “Tuberculin Tested” and whenever “Pasteurised” milk is available this is supplied. The following are particulars of the numbers of maintained, grant-aided and independent Schools in the County receiving liquid milk and of the grades of milk supplied at the end of 1959 :

Table 116. School Milk Supplies

Grade of Milk	Schools
Pasteurised	360
Tuberculin Tested ..	5
TOTAL ..	365

A census taken by the County Education Department in September, 1959, showed that 80.4 per cent. of the pupils in attendance at these schools received liquid milk under the Milk in Schools Scheme.

Examination of School Milk Supplies.—Samples of all school milk supplies are examined at least once a quarter. All samples are put to a Methylene Blue Colour test to determine the keeping quality of the milk and, in the case of “Pasteurised” milk, also to a Phosphatase test to determine whether the milk has been properly heat treated. The following table summarises the results of the examination of samples taken during 1959 :

Table 117. Examination of School Milk Supplies

Grade	Samples taken	Methylene Blue Test			Phosphatase Test	
		Satisfactory	Unsatisfactory	Void*	Satisfactory	Unsatisfactory
Pasteurised	275	215	4	56	273	2
Tuberculin Tested ..	26	22	4	—	—	—
TOTAL ..	301	237	8	56	273	2

*These samples were declared “void” because the atmospheric shade temperature at which they were stored in the Laboratory before testing exceeded 65°F.

The phosphatase test failures referred to in the table above were investigated by the County Sanitary Officers.

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949—1953.—The County Council, as Food and Drugs Authority for the County (other than the Borough of Shrewsbury, which is an independent authority for the purposes of the Food and Drugs Act), are responsible for the licensing of premises used for the pasteurisation and sterilisation of milk.

Sterilised Milk.—No licences for the sterilisation of milk have yet been issued in respect of premises in this County.

Pasteurised Milk.—On 1st January, 1959, licences in respect of six pasteurising establishments were renewed by the County Council.

All such establishments are inspected regularly by the County Sanitary Officers, and the equipment and methods of production checked.

Samples of milk are also obtained and submitted for the statutory methylene blue colour and phosphatase tests which determine respectively the keeping quality of the milk and whether heat treatment has been properly carried out, or whether, after such treatment, the milk has been “contaminated” by the addition of raw milk.

Tests are made to determine the sterility of bottles and churns used at the various pasteurising plants. Of thirty tests made during the year, four were unsatisfactory.

Particulars are given in the table below of the results of examination of milk samples obtained during 1959 from pasteurising establishments licensed by the County Council.

Table 118. Testing of Pasteurised Milk Supplies

Licensed Establishments at 31st December	Samples	Methylene Blue Test			Phosphatase Test	
		Satisfactory	Unsatisfactory	Void*	Satisfactory	Unsatisfactory
6	256	196	—	60	255	1

*These samples were declared “void” because the atmospheric shade temperature at which they were stored in the Laboratory before testing exceeded 65°F.

The Phosphatase test failure referred to above was the subject of an immediate investigation by the County Sanitary Officers. A warning letter was sent to the proprietor of the plant and the matter was also reported afterwards to the appropriate Committee of the Council. Following the Committee's meeting a warning letter was also sent by the Clerk of the Council reminding the proprietor of the conditions under which his licence was issued.

Attested Area.—The whole of the County became an Attested Area on 1st October, 1959. This means that all the cattle in both dairy and beef herds are "Attested" animals, i.e. those which have been examined by a Veterinary Officer and found clinically free from Tuberculosis and also have not reacted to the single intradermal comparative Tuberculin Test. All Attested animals in the County are at present subjected to examination and test at least once every twelve months. Positive reactors found in any herd are sent for slaughter and the remaining animals are further tested after two months, six months and again after twelve months and if no further positive reactors are found routine inspections are resumed. If further reactors are found, the procedure is repeated.

A farmer holding a licence to produce Tuberculin Tested milk must have only Attested animals in his herd and must also satisfy the Ministry of Agriculture, Fisheries and Food that his premises, water supply and handling and production methods meet the requirements governing the issue of such licences.

Even a producer of ordinary milk (i.e., not designated) in an Attested Area must have only Attested animals in his herd and they are subject to the same tests and examinations as those in a Tuberculin Tested milk producing herd.

The Milk (Special Designations) (Specified Areas) Orders, 1956—57.—When a "Specified Area" is declared by the Ministry, only "designated milk" (i.e., Pasteurised, Sterilised or Tuberculin Tested milk) may be sold by retail for human consumption (other than catering sales) in the districts in that area. Where, however, any part of a district cannot be supplied with milk from a designated source, the Ministry may grant a "consent" to a farmer to supply customers with non-designated milk; the customers are named on the consent form and permission to supply is for a limited period, usually one year.

Milk from an Attested herd which is not licensed for the production of Tuberculin Tested milk cannot be sold by retail in a Specified Area, unless it is either pasteurised or sterilised, or a consent has been granted by the Minister.

Cream is exempt from these requirements and may be sold within a Specified Area either as Pasteurised or Sterilised Cream, or without heat treatment even if it is produced by non-attested cattle outside the area or by attested cattle not forming part of a T.T. herd within the area.

The following districts in the County were included in the first and second Milk (Special Designations) (Specified Areas) Orders which came into operation on 10th April, 1956, and 25th November, 1957, respectively :

(1)	(2)
Oswestry Borough	Atcham Rural
Oswestry Rural	Shrewsbury Borough
Ellesmere Urban	Wellington Urban
Ellesmere Rural	Wellington Rural
Whitchurch Urban	Dawley Urban
Wem Urban	Oakengates Urban
Wem Rural	Newport Urban
Market Drayton Urban	Church Stretton Urban
Drayton Rural	Shifnal Rural
	Wenlock Borough

The remaining six districts in the County are all included in the proposed Order which it is anticipated will come into force at the beginning of October, 1960, namely :

Bishop's Castle Borough	Ludlow Rural
Clun Rural	Bridgnorth Borough
Ludlow Borough	Bridgnorth Rural

At the end of the year, the number of retailers in the County selling Tuberculin Tested milk was 96, their supplies being obtained from 88 farms. The number of retailers supplying non-Tuberculin Tested milk in the southern part of the County not yet within the Specified Area was 14.

In addition, there were 14 milk producers who have been given "consents" by the Minister to supply non-designated milk to a total of 97 customers. Some of these are T.T. producer-wholesalers who do not have a retailer's licence and the remainder are non-designated producers whose herds are Attested.

Besides customers supplied under "consents," the farmer, his family and agricultural workers employed by him are allowed to have a supply of milk direct from the farm. As there are 4,576 milk producing herds in the County, it is possible that at least an additional 23,000 persons are being supplied in this way. In the majority of cases the milk is from licensed T.T. herds, and the remaining herds, although not T.T. milk producing, comprise all Attested animals. It may be assumed, therefore, that all these supplies are free from Tubercular organisms, since all cattle which were positive reactors will have been removed, and any found in future will also be eliminated.

Of the 4,576 milk producing farms in the County, 3,568 are licensed to produce T.T. milk and only the remaining 1,008 are producing undesignated milk from Attested animals. It is pleasing to note that there is a steady increase in the numbers of T.T. Milk producers in the County and it is hoped that this will continue in the future.

In addition to the several large dairies in the County, there are eight Creameries where cheese is manufactured. Most of the milk receives heat treatment before processing and as the majority of the cheeses are ripened, the lactic fermentation kills most of the injurious organisms which may have been present in the raw milk.

Samples are obtained regularly from the various retailers who trade in the districts affected by the Orders and particulars of those taken by Sampling Officers of the County Health Department during 1959 are given in the table below :

Table 119. Sampling in Specified Areas

Grade	Phosphatase Test				Methylene Blue Test				Turbidity Test		
	Samples tested	Passed	Failed	Void	Samples tested	Passed	Failed	Void*	Samples tested	Passed	Failed
Pasteurised	339	338	1	—	339	252	2	85	—	—	—
T.T. (Pasteurised) . . .	486	485	1	—	486	397	—	89	—	—	—
T.T. (Channel Islands Pasteurised) . . .	145	144	1	—	145	114	1	30	—	—	—
T.T. (Channel Islands Farm Bottled) . . .	—	—	—	—	165	146	19	—	—	—	—
T.T. (Channel Islands) . . .	—	—	—	—	24	23	1	—	—	—	—
T.T. (Farm Bottled) . . .	—	—	—	—	177	161	16	—	—	—	—
T.T.	—	—	—	—	126	107	19	—	—	—	—
Sterilised	—	—	—	—	—	—	—	—	267	267	—
TOTAL	970	967	3	—	1,462	1,200	58	204	267	267	—

*This test is declared void when the atmospheric shade temperature at which the sample is stored in the Laboratory before testing exceeds 65°F.

In the case of those retailers whose milk failed the Methylene Blue Test, the facts were reported to the appropriate licensing authority. The three Phosphatase Test failures were the subject of investigation by the County Sanitary Officers.

SANITARY CIRCUMSTANCES OF THE COUNTY

In accordance with the decision of the Public Health and Housing Committee in December, 1943, that fuller information regarding the sanitary circumstances in the various County Districts, and in the County as a whole, should be made available to them, the District Medical Officers of Health are requested annually to complete questionnaires relating to Water Supplies, Sewerage, Refuse Collection and Housing.

Housing.—The information supplied by District Medical Officers of Health relating to housing is summarized in Table X on page 106.

The County Sanitary Officer, Mr. D. Coups, comments as follows :

“From these Housing Returns it may be noted, as was mentioned in the Annual Report for 1958, that certain districts are endeavouring to meet their obligations and are more active in housing matters than others. In these times of relatively full employment there would appear to be no reason why every effort should not be made to get rid of the slums, and in addition take the necessary action under the Housing Acts or the Public Health Act to bring up the standard of the remaining properties in the districts so as to render them fit for human beings to occupy.

As more water supplies and sewerage facilities become available in the districts, Local Authorities should endeavour to require a much higher standard of housing accommodation and every effort should be made formally and informally to encourage owners of property to maintain their houses in good repair and where possible, be encouraged to improve their properties in order to provide an adequate supply of mains water, bath and hot water and proper drainage facilities, which after all should in these enlightened times be available to all. Practically everyone will agree that these are essentials and I feel that no effort should be spared to make them available to householders where this is practicable.

Finance and lack of staff may make it difficult to carry out a major housing programme due to other demands on the Department, but I still feel that this work should be given very high priority, in order that the slums can be cleared as quickly as possible and the houses which are in a reasonable state of repair at present, can be prevented from falling rapidly through neglect into the category of slums.”

Housing Acts, 1936 to 1957.—Contributions paid to District Councils.—Under the provisions of these Acts, the County Council are required to make annual contributions to District Councils in respect of houses provided as accommodation for members of the agricultural population and also in respect of other houses provided by a District Council where the rents are substantially lower than the average and the provision of such accommodation is likely to place an undue financial burden upon the District. The contributions vary from £1 per annum for each house for 40 years to £2 10s. 0d. per annum for each house for 60 years and the following are the particulars of County Council contributions made up to the end of 1959 :

Table 120. Grants paid by the County Council up to 31st December, 1959, under the Housing Acts, 1936—57

District	Houses eligible for grants	Grants	
		Paid in 1959	Total
		£	£
Atcham Rural	163	728	2,788
Bridgnorth Rural	78	149	1,329
Clun Rural	107	322	2,010
Dawley Urban	465	1,025	6,141
Drayton Rural	83	215	1,439
Ellesmere Rural	135	190	2,295
Ludlow Rural	44	158	768
Oswestry Rural	52	73	1,012
Shifnal Rural	20	90	348
Wellington Rural	82	224	1,633
Wem Rural	48	332	715
Wenlock Borough	16	27	278
TOTAL	1,293	3,533	20,756

Water Supply.—Table 121 below summarizes the information supplied by the District Medical Officers of Health relative to water supplies in their area.

Table 121. Water Supplies—Summary of Answers to Questionnaires

Medical Officer and District	Houses in District	WATER SUPPLIES				Other Supplies (Wells, Streams, Pumps, etc.)
		Public Mains		Private Mains		
		Piped	Stand Pipe Supplies	Piped	Stand Pipe Supplies	
Dr. Higgie						
Ellesmere Urban	739	†	†	†	†	†
Ellesmere Rural	2,077	561	121	†	†	†
Wem Urban	856	823	23	Nil	Nil	10
Wem Rural	3,145	342	39	598	89	*2,080
Whitchurch Urban	2,262	2,170	†	Nil	Nil	†
Dr. McArthur						
Oswestry Borough	3,771	3,725	17	13		8
Oswestry Rural	5,065	3,450	35	†	†	†
Dr. Capper						
Ludlow Borough	2,153	1,984	168	Nil	†	1
Dr. Hall						
Atcham Rural	6,497	2,960	494	†	†	†
Bishop's Castle Borough	430	422		2	Nil	10
Church Stretton Urban ..	951	897	8	10	Nil	30
Clun Rural	3,086	1,041	12	290	†	1,743
Ludlow Rural	4,274	1,518	530	†	†	†
Dr. Turnbull						
Bridgnorth Borough	2,380	2,285	80	6	3	6
Bridgnorth Rural	4,185	1,863	8	†	†	†
Wenlock Borough	*4,600	†	†	†	†	†
Dr. Stewart						
Dawley Urban	2,883	2,486	397	Nil	Nil	11
Drayton Rural	2,460	1,253	115	238		854
Market Drayton Urban ..	1,933	Nil	Nil	1,879	47	9
Newport Urban	1,265	1,207	57	1	Nil	Nil
Oakengates Urban	3,982	3,960	22	Nil	Nil	Nil
Shifnal Rural	3,475	2,755	21	269	Nil	430
Wellington Urban	3,969	3,915	54	Nil	Nil	Nil
Wellington Rural	7,167	5,809	120	184	Nil	†
Dr. Mackenzie						
Shrewsbury Borough	14,609	14,331	*240	Nil	Nil	38

*Approximate or estimated figures.

†Figures not available or not known.

The County Sanitary Officer reports :

“Councils should have available complete returns in connection with this summary in order to assess the needs of their districts and to have on record the number of houses on public or private water supplies, including supplies from wells, pumps, streams, etc.

It is most disappointing to see that, after a public water supply has been made available by the Local Authority, owners of many properties do not take advantage of this service and connect their properties to the public mains. Every effort should be made by Local Authorities to ensure that the owners of all properties which are without a sufficient and satisfactory supply of water and within a reasonable distance from their water mains are asked to connect to the mains.

It is disappointing to find that in some districts many householders are still obtaining their water from public stand pipes connected to the Local Authorities mains, still not having a mains water supply to their houses.”

Sewage Disposal.—Particulars of the Sewage Disposal facilities available in the various sanitary districts are summarised on Table 122 below.

Table 122 : Sewerage—Summary of Answers to Questionnaires

Medical Officer and District	Houses in District	SEWAGE DISPOSAL						
		Connected to disposal works owned by local authority	Connected to satisfactory private disposal or treatment plants	Without satisfactory means of sewerage	Houses using chemical, pail, earth or privy closets		Collection of night soil by local authority	
					With proper means of disposal	Without proper means of disposal	Houses	Frequency
Dr. Higgie								
Ellesmere Urban ..	739	†	†	†	†	†	†	†
Ellesmere Rural ..	2,077	265	†	†	†	†	Nil	N/A
Wem Urban ..	856	820	30	6	15	Nil	4	Weekly
Wem Rural ..	3,145	430	†	†	†	†	†	†
Whitchurch Urban ..	2,262	†	†	†	Nil	Nil	Nil	N/A
Dr. McArthur								
Oswestry Borough ..	3,771	3,717	43	11	11	Nil	Nil	N/A
Oswestry Rural ..	5,065	*2,057	*1,518	*1,490	†	†	Nil	N/A
Dr. Capper								
Ludlow Borough ..	2,153	2,095	35	23	23	Nil	Nil	N/A
Dr. Hall								
Atcham Rural ..	6,497	1,510	†	†	†	†	†	†
Bishop's Castle Borough	430	414	4	12	Nil	12	Nil	N/A
Church Stretton Urban	951	747	62	142	†	†	Nil	N/A
Clun Rural ..	3,086	†	†	†	†	†	Nil	N/A
Ludlow Rural ..	4,274	675	*650	†	†	†	Nil	N/A
Dr. Turnbull								
Bridgnorth Borough ..	2,380	2,308	61	11	9	Nil	Nil	N/A
Bridgnorth Rural ..	4,185	1,012	†	†	†	†	Nil	N/A
Wenlock Borough ..	*4,600	†	†	†	315	†	315	Weekly
Dr. Stewart								
Dawley Urban ..	2,883	1,842	238	†	800	Nil	389	Weekly
Drayton Rural ..	2,460	463	868	1,129	1,129		Nil	N/A
Market Drayton Urban	1,933	1,847	49	37	37	Nil	Nil	N/A
Newport Urban ..	1,265	1,246	2	17	17	Nil	Nil	N/A
Oakengates Urban ..	3,982	3,718	6	258	258	†	258	Weekly
Shifnal Rural ..	3,475	2,232	†	†	†	†	Nil	N/A
Wellington Urban ..	3,969	4,004	7	12	12	Nil	12	Weekly
Wellington Rural ..	7,167	5,031	†	†	†	†	158	Fortnightly
Dr. Mackenzie								
Shrewsbury Borough ..	14,609	14,275	223	111	111	Nil	Nil	N/A

*Approximate or estimated figures. †Figures not available or not known.

The following are the comments of the County Sanitary Officer :

“With the provision of water supplies to districts it is essential that sewerage should keep pace with the water schemes.

It is alarming when studying the figures that are available to realise that thousands of people in the County are still using chemical, earth or privy closets and are having to dispose of the contents of these closets in their own gardens or in ground in close proximity to their houses, with the added danger of polluting their own or their neighbours' water supply.

Councils should consider providing night soil collection in districts where it is possible to provide this service. Surely this service is as equally important as refuse collection.

May I stress again that Councils should have figures available for this return, in order to note progress and assess the need for sewerage in their districts.”

Refuse Collection and Disposal.—Table 123 below summarises the position with regard to refuse collection and disposal during 1959.

Table 123. Refuse Collection and Disposal

District	Parishes or wards where refuse is		Frequency of Collection	Method of Collection	Method of Disposal
	Collected	Not Collected			
Atcham R. ..	All	—	Fortnightly	Council	Controlled Tipping
Bishop's Castle B. ..	All	—	Weekly and fortnightly	Contract	Tipping
Bridgnorth B. ..	All	—	Weekly	Council	Controlled Tipping
Bridgnorth R. ..	All	—	Weekly and fortnightly	Council	Semi-controlled Tipping
Church Stretton U.	All	—	Weekly, fortnightly and a few monthly	Council	Tipping
Clun R.	All	—	Weekly, fortnightly and monthly	Council	Semi-controlled Tipping
Dawley U.	All	—	Weekly	Council	Tipping
Drayton R.	All	—	16 days	Council	Controlled Tipping
Ellesmere U.	All	—	Fortnightly	Contract	Tipping
Ellesmere R.	All	—	Fortnightly	Council	Tipping
Ludlow B.	All	—	Weekly and twice weekly	Council	Controlled Tipping
Ludlow R.	All	—	9 days to 5 weeks	Council	Tipping
Market Drayton U.	All	—	Weekly	Council	Controlled Tipping
Newport U.	All	—	Weekly	Council	Semi-controlled Tipping
Oakengates U.	All	—	Weekly	Council	Controlled Tipping
Oswestry B.	All	—	Weekly	Council	Controlled Tipping
Oswestry R.	12	1	75% weekly 25% fortnightly—monthly	Council	Controlled Tipping
Shifnal R.	All	—	9 days	Council	Semi-controlled Tipping
Shrewsbury B.	All	—	Weekly	Council	Controlled Tipping
Wellington U.	All	—	Weekly	Council	Controlled Tipping
Wellington R.	All	—	Weekly and fortnightly	Council	Controlled Tipping
Wem U.	All	—	Weekly	Council	Tipping
Wem R.	All	—	Monthly	Contract	Tipping
Wenlock B.	All	—	Weekly and fortnightly	Council	Controlled Tipping
Whitchurch U.	All	—	Weekly and fortnightly	Council	Controlled Tipping

WATER SUPPLIES

Local Government Act, 1958.—Table 125 on page 88 gives particulars of the grants which have been *paid or promised* by the County Council under Section 307 of the Public Health Act, 1936, replaced from 23rd July, 1958, by Section 56 of the Local Government Act, 1958.

It will be noted that, up to the end of 1959, the actual or estimated cost of these schemes amounted to £146,014, and that the grants promised by the County Council amounted to a possible total of £48,123.

In July, 1953, the County Council adopted a report which recommended that only in very exceptional circumstances would there be need for County Council aid towards the cost of urban water supply schemes.

The following table gives particulars of the only water supply scheme submitted for grant purposes under the Public Health Act by District Councils up to the end of 1959, and which the County Council had approved in principle for grant purposes, subject to the submission of final details.

District	Description of Scheme	Estimated Cost
Newport Urban	For the augmentation of existing water supply and reservoir facilities	£29,400

Rural Water Supplies and Sewerage Acts, 1944 to 1955.—Under these Acts, a sum of £75,000,000 has been placed at the disposal of the Minister of Housing and Local Government to assist Local Authorities in the provision or improvement of water supplies and sewage disposal facilities in rural areas.

Where the Minister undertakes to make contributions under these Acts towards the cost of schemes of Local Authorities, the County Council, by Section 2 of the Act of 1944, are also required to contribute.

Particulars of grants in respect of water supply schemes, which were *paid or promised* by the County Council under these Acts up to the end of 1959, are given in the table on page 89.

Note: Particulars of water supply schemes in respect of which applications for grants were received from District Councils up to the end of 1959, and which the County Council have approved in principle for grant purposes, subject to the submission of final details, are given in the tables on pages 90 to 92.

SEWERAGE AND SEWAGE DISPOSAL

Local Government Act, 1958.—Under Section 56 of the Local Government Act, 1958 (which replaced Section 307 of the Public Health Act, 1936) the County Council may make contributions towards urban sewerage and sewage disposal schemes. The Council adopted a report, however, in July, 1959, which recommended that no contribution be made to Borough or Urban District Councils in respect of such schemes, except those towards which the County Council were already contributing or schemes submitted for approval before 1st April, 1959, providing they are commenced before 31st March, 1962.

Particulars of grants which have already been *paid or promised* by the County Council to District Councils under Section 307 of the Public Health Act, 1936, are given in the table on page 93.

Rural Water Supplies and Sewerage Acts, 1944 to 1955.—By the end of 1959, grants under these Acts had been *paid or promised* by the County Council in respect of fourteen sewage disposal schemes, particulars of which are contained in the following table :

Table 124. Rural Water Supplies and Sewerage Acts, 1944 to 1955
Sewerage Schemes—Grants paid or promised by the County Council

District	Scheme	Approved	Scope of Scheme		Est- imated Capital Cost	Exchequer Contribution			County Council Grant			
			Prop- er- ties	Inhab- itants		Lump Sum	Half- yearly Payment	Period (years)	Annual Maxi- mum	Period (years)	Total Maximum	Paid to 31st Dec. 1959
					£	£	£		£		£	£
am ..	Bayston Hill (Parts 1 & 2)	May '56	Not known	Not known	17,781	3,000	—	—	478	30	14,340	2,312
	Cross Houses	Nov. '50	123	580	17,590	8,750	—	—	393	30	11,790	3,706
r,north	Claverley	Nov. '56	Not known	Not known	42,300	—	480	30	1,180	30	35,400	1,827
	Eardington	Sept. '58	Not known	Not known	12,900	—	165	30	454	30	13,620	—
	Highley (Stage 1)	Nov. '56	Not known	Not known	34,200	—	383	30	940	30	28,200	2,426
on ..	Hodnet	Nov. '49	124	1,521	14,220	2,400	—	—	152	30	4,560	975
ow ..	Ashford	Sept. '57	58	170	20,650	—	175	30	540	30	16,200	—
	Carbonel Clee Hill	Sept. '58	Not known	Not known	28,000	—	480	30	1,064	30	31,920	—
	Clee Hill (extension)	Nov. '59	Not known	Not known	5,000	1,000	—	—	70	30	2,100	—
	Cleobury Mortimer	Dec. '49	285	1,140	32,000	14,000	—	—	288	30	8,640	2,080
stry ..	Morda	Nov. '54	138	680	16,763	3,500	—	—	220	30	6,600	880
	Weston Rhyn and Chirk (Revised)	Sept. '59	449	1,416	67,130	—	880	30	880	30	26,400	—
ington	Edgmond	Apr. '52	219	1,136	62,700	—	684	30	983	30	29,490	2,949
	High Ercall	Nov. '54	78	Not known	10,623	6,500	—	—	242	30	7,260	1,210
					£381,857				£7,884		£236,520	£18,365

Particulars of sewage disposal schemes submitted by District Councils for grant purposes under these Acts up to the end of 1959, and which the County Council have approved in principle, subject to the submission of final details, are given in the table on page 94, from which it will be observed that the capital cost of these schemes amounted to a total of £785,390.

Table 125. Public Health Act, 1936
Water Supply Schemes—Grants paid or promised by the County Council

District	Scheme	Approved by C.C.	Scope of Scheme		Estimated Cost	Ministry Grant	Loan		Annual Charges		County Council Grant		
			Houses	Inhabitants			Authorised	Period (Years)	Loan	Mainten- tenance	Basis	Maximum	Paid to 31 Dec. 59
Atcham Rural	Pimhill	4/5/35	288	1,152	£ 16,300	£ 2,500	£ { 14,820 1,480	30 } 15 }	£ 858	£ 698	50% annual deficit	£ 6,675	£ 4,682
	West Atcham	2/5/36	1,876	7,596	75,100	15,000	57,297	30	4,285	700	"	24,000	16,060
Bridgnorth Rural	Stottesdon	6/11/37	28	100	2,660	250 }	3,100	30	{ 153 48	50	Block Grant	250	250
	Kinlet	6/11/37	27	100	1,350	150 }				30	"	150	150
Clun Rural	Bucknell	27/7/35	72	280	2,915	200	—	25	169	20	50% annual deficit	885	99
	Worthen and Brockton	1/5/37	88	350	4,500	400	5,100	30	225	—	"	1,245	761
	Kempton	1/2/36	31	110	2,200	250	1,650	30	—	—	Block Grant	300	300
	Woore	3/11/34	137	524	4,080	—	{ 3,655 425	30 } 25 }	189	378	50% annual deficit	885	465
Drayton Rural	Hodnet	4/5/35	118	400	3,887 (Actual)	450	—	—	—	—	Block Grant	900	900
	Ightfield	7/11/36	119	468	6,550	75	6,475	30	—	—	50% annual deficit	3,179	1,015
	Norton-in-Hales	24/7/37	67	200	1,970	—	1,505	30	106	127	"	1,656	541
	Clee Hill	6/11/37	511	1,930	5,516	—	5,516	30	317	108	33 1/3% annual deficit	1,837	1,296
Ludlow Rural	Weston Rhyn	2/2/35	—	—	900	150	750	30	58	—	Block Grant	150	150
	Llanymynech	2/11/35	93	372	8,500	1,850	—	—	—	—	"	1,850	1,850
Oswestry Rural	Nantmawr	7/11/36	27	108	1,268	—	1,160	30	68	5	50% annual deficit	639	314
	Gronwen	7/11/36	10	40	437	—	373	30	23	2	"	225	51
	Llynclys	7/11/36	24	96	783	—	746	30	14	5	"	415	153
	Selattyn (Extension)	7/11/36	1,186	4,744	1,748	—	1,748	30	92	277	"	2,032	1,219
Wellington Rural	Edgmond	2/11/35	200	800	5,350	850	—	—	—	—	Block Grant	850	850
					£146,014							£48,123	£31,106

Table 126. Rural Water Supplies and Sewerage Acts, 1944 to 1955
Water Supply Schemes—Grants paid or promised by the County Council

Authority	Scheme	Approved	Scope of Scheme		Estimated Capital Cost	Exchequer Grant			County Council Grant			
			Properties	Inhabitants		Lump Sum	Half-yearly Payments	Period (years)	Annual Maximum	Period payable (years)	Total Maximum	Paid to 31st Dec., 1959
Atcham Rural ..	West Atcham and Pimhill (Extension)	..	2,209	11,444	£ 138,402	£ 58,000	£ —	—	£ 3,047	30	£ 91,410	£ 27,684
	West Atcham (Extension)	..	Not known	Not known	22,500	—	200	30	600	30	18,000	1,650
	Uckington	..	Not known	Not known	75,300	—	500	30	1,000	30	30,000	—
	Broughton	..	16	Not known	1,844	600	—	—	83	12	996	594
	Claverley	..	243	972	14,040	1,500	—	—	187	12	2,250	2,250
Bridgnorth Rural	Low Level Areas*	..	2,340	8,000	353,000	70,000	2,014	30	10,525	30	315,750	36,232
	Low level areas (Branch mains)	..	Not known	Not known	41,600	—	340	30	680	30	20,400	—
	Long Common	..	11	Not known	1,850	300	—	—	49	12	588	120
	Worfield	..	130	Not known	13,650	2,500	—	—	420	12	5,040	3,500
		..	127	Not known	21,168	4,000	—	—	205	30	6,150	2,050
Clun Rural ..	Clungunford and Aston-on-Clun	..	116	Not known	29,600	—	170	30	340	30	10,200	—
Drayton Rural ..	Snailbeach	..	369	Not known	38,320	4,750	137	30	679	30	20,370	—
	Hodnet, Ightfield and Moreton Say	..										
East Shropshire Water Board	Aston	..	26	103	3,700	800	—	—	38	30	1,140	—
	Kinnersley	..	50	145	3,621	2,000	—	—	71	30	2,130	—
	Longdon-on-Tern	..	117	Not known	7,170	1,250	—	—	74	30	2,220	—
	Tibberton	..	118	Not known	12,530	—	144	30	164	30	4,920	—
Ludlow Rural ..	Clee Hill (Hill Top)	..	16	Not known	2,270	1,200	—	—	{ 60 { 26	20 { 10	1,200 { 260	290
	Coreley	..	19	Not known	4,260	650	—	—	58	30	1,740	354
	Craven Arms	..	63	Not known	6,480	600	—	—	79	30	2,370	471
	Little Isle and Studley	..	27	81	2,641	550	—	—	40	30	1,200	240
	Little Stretton and Marshbrook	..	23	62	4,780	1,900	—	—	121	30	3,630	529
	Rushbury	..	60	Not known	14,238	—	130	30	310	30	9,300	310
	South-East Parishes	..	Not known	Not known	134,868	—	880	30	1,760	30	52,800	—
	Ticklerton	..	19	38	4,209	700	—	—	60	30	1,800	180
	Western area—Munslow section	..	52	Not known	16,360	—	100	30	200	30	6,000	—
		..										
Oswestry Rural	Comprehensive Scheme (Priority Portion)	..	2,174	Not known	133,248	36,000	116	30	2,499	30	74,970	12,495
	Llanyblodwel and Crickheath	..	44	Not known	23,800	—	170	30	340	30	10,200	—
	Ruyton-xi-Towns	..	Not known	Not known	127,460	—	485	30	970	30	29,100	—
		..			£1,252,909						£726,134	£88,949

*This scheme incorporates the Alveley, Button Bridge, Highley and Alveley and Neen Savage Water Supply Schemes, in respect of which the County Council had promised grants totalling £839 for 30 year.

Table 127. Rural Water Supplies and Sewerage Acts, 1944 to 1955

Water Supply Schemes submitted up to the end of 1959, and approved in principle for grant purposes

Authority	Scheme	Estimated Cost	Description of Scheme
Atcham R. ..	Alberbury	£ 13,692	For the provision of a piped water supply to the parishes of Alberbury, Westbury, Wollaston, Ford and Bicton.
	Condoover	139,000	For the provision of a piped water supply for Condoover, Boreton, Berrington, Cantlop, Pitchford, Golding, Harnage, Cound and Cressage.
	Picklescott	12,400	For renewing and extending the existing water supply to the village of Picklescott.
	West Atcham	4,664	For the improvement of existing supplies to Drury Lane and Plox Green.
	The following scheme will eventually form part of a comprehensive scheme known as the East and South-East Atcham Scheme which is estimated to cost £151,000.		
	Buildwas	2,740	For the extension of the Harrington Water mains from Buildwas Power Station to Buildwas.
Bridgnorth R. ..	High Level Areas	340,000	For supplying the High Level Areas of the Bridgnorth and Ludlow Rural Districts.
	Astley Abbotts	7,600	For the extension of existing water supplies to the village of Astley Abbotts.
Clun R.	Aston Rogers	4,000	For the extension of existing water supplies from Aston Piggott to Aston Rogers.
	South-East Area and Beambridge	51,300	For the provision of an improved water supply to Hopton Castle, Hopton Heath, Twitchen, Clunbury, Little Brampton and Purslow.
	The following schemes will eventually form part of a comprehensive scheme known as the Clun Rural District Scheme, which is estimated to cost £162,000.		
	Chirbury, Marton and Bentlont	41,250	For the provision of a piped water supply for the parishes of Chirbury, Worthen, Shelve and Churchstoke.
	Lydham, More and Norbury	23,500	For the provision of piped supplies to the villages of Lydham, More and Norbury from local sources.
Drayton R. ..	The following schemes will eventually form part of the comprehensive scheme for the whole of the Drayton Rural District originally estimated to cost £185,000.		
	Adderley and Moreton Say	37,070	For the provision of a piped water supply in the parish of Adderley and part of the parish of Moreton Say.
	Lostford	5,300	For the extension of the Hodnet, Ightfield and Moreton Say scheme to the village of Lostford.
	South-Eastern Parishes ..	136,100	For the provision of piped water supplies to the South-Eastern parishes of the Rural District.
	Stoke Park and Langley Dale	2,840	For the extension of an existing main to Stoke Park and Langley Dale.
	Wollerton	6,280	For the extension of an existing main at Hodnet to Wollerton.
	Marchamley and Wollerton Wood	14,600	For the provision of piped water supplies to the Marchamley Wood and Wollerton Wood areas.
	Carried forward	£842,336	

(Continued on page 91)

Authority	Scheme	Estimated Cost	Description of Scheme
East Shropshire Water Board	Brought forward ..	£ 842,336	
	Arleston	1,130	For the extension to Arleston House of an existing water supply at Arleston Hill.
	Cherrington	1,880	For providing a piped water supply to two farms and farmhouses and ten houses in the parish of Cherrington.
	Chetwynd	15,620	For the extension of piped water supplies for the parish of Chetwynd.
	Chetwynd Parish	5,190	For providing a piped water supply for the hamlets of Pickstock, Puleston, Lane End and Ovens Bottom.
	Crudgington and Waters Upton ..	20,500	For the provision of a piped water supply to Crudgington, Crudgington Green and Stych Lane.
	Donnington	3,500	To increase the pressure in the mains on the Donnington Housing Estate.
	Farley	1,700	For providing a piped water supply to the hamlet of Farley.
	Gorsey Bank	6,125	For the extension of an existing water supply at Sheriffhales to the hamlets of Gorsey Bank and Cross Roads.
	High Ercall	4,533	For providing a piped water supply in the village of High Ercall.
	Homer and Wig-Wig	4,500	For the extension of the existing water mains in Much Wenlock to the hamlets of Homer and Wig-Wig.
	Horton, Preston and Eyton ..	8,650	For extending existing water mains to the villages of Horton, Preston and Eyton.
	Hortonwood	2,590	For the extension of a proposed water main in Horton through Hortonwood to Trench Railway Crossing.
	Little Wenlock	10,965	For the improvement and extension of a piped water supply in the village of Little Wenlock.
	Long Lane and Bratton	6,820	For the extension of the Wellington Urban District's mains to the hamlets of Long Lane and Bratton.
	Much Wenlock	3,680	For augmenting the existing water supply at Much Wenlock.
	Madeley (Beech Road)	1,990	For the extension of an existing piped water supply at Madeley to the Beech Road housing sites.
	Oakengates	35,325	For the improvement of the existing water supply in the Urban District.
	Pitchcroft	850	For the provision of a piped water supply to the hamlet of Pitchcroft.
	Rodington	12,060	For the extension of the existing mains in High Ercall to Rodington.
	Sheriffhales	20,000	For an additional borehole at Sheriffhales and a connection with the Oakengates supply system.
	Sutton Maddock	1,810	For the extension to Sutton Maddock of an existing supply at Lay's Corner.
	Tong Havannah	4,025	For extending the Shifnal water mains to Tong Havannah.
	Wellington Rural Parish and Dawley	(i)13,750	For connecting the Shifnal Rural District's water mains to augment the supply to the Wellington Rural Parish and Dawley.
	Carried forward	£ 1,029,529	

(Continuation of Table on page 91)

Authority	Scheme	Estimated Cost	Description of Scheme
East Shropshire Water Board (continued)	Brought forward	£ 1,029,529	
	Wellington Rural Parish and Dawley	(ii)13,030	For improving the existing supply in the Lawley Cross Roads and Overdale Estate areas of the Wellington Rural Parish and the Dawley Bank, Heath Hill, Station Road and Horsehay areas of the Dawley Urban District.
	Woodfield	16,800	For the provision of a new rising main between Woodfield pumping station and Admaston.
Ellesmere R.	Ellesmere Rural District	357,600	For the provision of piped water supplies throughout the whole of the Rural District.
Ludlow R. ..	Hopton Wafers	3,670	For supplying the village of Hopton Wafers with piped water from the Elan Aqueduct.
	Silvington and other parishes (distribution mains)	57,750	For tapping the trunk mains which will run through the Parishes of Silvington, Loughton, Wheathill and Hopton Wafers upon construction of the Bridgnorth and Ludlow Joint High Level Scheme.
	Western Area	476,000	For the provision of a piped water supply to a substantial part of the Ludlow Rural District.
	Western Area (Soudley Section)	65,500	For the provision of a piped water supply to the parishes of Acton Scott, Eaton-under-Heywood, Hope Bowdler, Little Stretton, Rushbury and Wistanstow (part).
Oswestry R. ..	The following schemes will form part of the remaining portion of a comprehensive scheme for the whole of the Oswestry Rural District, originally estimated to cost £510,000.		
	Mardy (additional reservoir)	41,500	For constructing an additional reservoir at Mardy.
	South-east area, Stage II ..	175,200	For the provision of a piped water supply to hamlets and villages in the Parishes of Ruyton-xi-towns, Knockin, Kinnerley and Molverley.
	Trefonen	3,080	For providing the village of Trefonen with a piped water supply.
	Mains extensions	5,870	For providing a piped water supply to various properties in parishes of Oswestry Rural District.
Wem R.	Wem Rural District	294,000	For the provision of piped water supplies throughout the whole of the Rural District.
Whitchurch U. ..	Whitchurch Urban District ..	66,350	For the provision of a new source of supply to replace the existing one in the Urban District.
	TOTAL	£2,605,879	

Table 128. Public Health Act, 1936
Sewerage Schemes—Grants paid or promised by the County Council

District	Scheme	Approved by C.C.	Scope of Scheme		Estimated Cost	County Council Grant		
			Properties	Inhabitants		Basis	Amount promised	Paid
Bishop's Castle B.	Bishop's Castle	Nov., 56	—	—	£ 14,650	10% of cost	£ 1,465	£ —
Bridgnorth M.B.	Bridgnorth ..	July, 48	2,000	7,000	90,000	20% of original cost of £62,000	12,400	12,200
Dawley U. ..	Dawley ..	Nov., 49	1,800	6,800	76,650	30% of cost of Phase I; 20% of Phase II	25,905	25,688
Ludlow M.B. ..	Ludlow ..	Dec., 57	—	—	157,496	9% of cost	14,175	—
Newport U. ..	Newport ..	Mar., 57	—	—	120,000	6% of cost	7,200	—
Oakengates U. ..	Oakengates ..	Mar., 57	—	—	91,000	11% of cost	10,010	7,000
Shifnal R. ..	Albrighton	Nov., 44	783	2,800	13,077	25% of cost	3,269	3,269
Shrewsbury M.B.	Bicton Heath ..	Nov., 54	52	—	6,800	7% of net cost of £5,800	406	406
	Harlescott ..	Feb., 53	6	—	2,985	—	1,000	1,000
	Shrewsbury ..	Dec., 57	—	57,000	500,345	5% of cost	25,000	—
Wellington U. ..	Wellington .. (Stages 1 & 2)	Nov., 54	4,638	13,000	91,400	7% of cost	6,400	11,425
	Wellington .. (Stage 3)	April, 55			81,002	7% of cost	5,670	
	Brooklands Estate (Trunk sewer)	Nov., 58	—	—	8,700	8% of cost	696	—
	Railway Station and Herbert Avenue	Sept., 59	364	—	14,000	8% of cost	1,120	—
Wellington R. ..	Ketley and Lawley	May, 36	796	650	31,975	25% of cost	8,000	8,000
	Donnington and Muxton	Feb., 39	388	1,552	18,460	20% of cost	3,692	3,692
	Donnington and Muxton (extension)	Oct., 39	—	—	*9,000	20% of cost	1,400	1,400
	Ditto	May, 43	—	—	16,850	20% of cost	3,370	3,370
Wem U. ..	Wem (1st portion)	April, 55	106	400	26,800	10% of net cost of £23,500	2,350	1,819
	(2nd and 3rd portions)	Dec., 56	—	—	68,900	11% of cost	6,480	3,000
Wenlock B. ..	Broseley ..	Feb., 39	540	2,200	8,800	15% of cost	1,320	1,320
	Madeley (Hill Top)	Nov., 54	213	4,938	3,330	15% of cost	500	433
Whitchurch U. ..	Whitchurch ..	Sept., 57	—	—	102,506	3% of cost	3,075	—
					£ 1,554,826		£ 144,903	£91,022

*An amount of £2,000 was contributed by the War Department towards the cost of this scheme, thus reducing the capital cost to £7,000.

Table 129. Rural Water Supplies and Sewerage Acts, 1944 to 1955

Sewerage Schemes submitted by District Councils up to the end of 1959, and approved in principle for grant purposes

District	Scheme	Estimated Cost	Description of Scheme
		£	
Atcham R. ..	Bayston Hill (Part III)	43,219	For the re-sewering of the village of Bayston Hill.
	Pontesbury	26,897	For the improvement and extension of the sewage disposal works.
Bridgnorth R. ..	Alveley (Revised) ..	36,100	For the provision of sewerage and sewage disposal facilities for the village of Alveley.
	Woodhill	20,900	For the replacement of existing inadequate sewerage and sewage disposal facilities in Woodhill.
	Worfield	4,200	For the extension of sewerage and sewage disposal arrangements for the village of Worfield.
Church Stretton U.	All Stretton and Little Stretton	185,000	For sewerage facilities in All Stretton and Little Stretton, the relaying of an outfall sewer and the construction of new sewage disposal works.
Clun R.	Aston-on-Clun	15,500	For providing sewage disposal facilities in an area as yet unsewered.
	Clun Village	18,800	For the extension and improvement of existing facilities.
Drayton R. ..	Cheswardine	14,830	Adaptation and extension of existing sewerage and sewage disposal facilities.
	Woore	24,200	For the provision of sewerage and sewage disposal facilities in the parish of Woore.
Ludlow R. ..	Craven Arms	28,300	For the replacement of existing inadequate sewage disposal works.
	Munslow	5,500	For the provision of sewage disposal facilities in an area as yet unsewered.
Oswestry R. ..	Pant and Llanymynech	83,000	For the provision of sewerage and sewage disposal facilities in conjunction with Llanfyllin Rural District Council.
Shifnal R. ..	Albrighton	35,460	For improvement of the existing sewerage system and extension of the sewage disposal works.
	Beckbury	8,320	For the provision of sewerage and sewage disposal facilities for the village of Beckbury.
	Shifnal	28,000	For the improvement of existing facilities and the construction of new sewage disposal works.
Wellington R. ..	Hadley	90,150	For the extension and modernisation of the existing sewage disposal works.
	Lilleshall	46,100	For the provision of sewerage and sewage disposal facilities for the village of Lilleshall.
	Roden	9,770	For the provision of sewerage and sewage disposal facilities for the village of Roden.
Wem R.	Ash Magna and Ash Parva	6,779	To provide sewerage and sewage disposal facilities for the villages of Ash Magna and Ash Parva.
	Prees	35,000	For the provision of sewerage and sewage disposal facilities for the district of Prees.
Wenlock B. ..	Madeley (Aqueduct) ..	19,365	For the provision of sewage disposal facilities in an area as yet unsewered.
	TOTAL ..	£785,390	

**SAMPLING OF EFFLUENTS FROM SEWAGE DISPOSAL WORKS AND WATER
COURSES IN THE COUNTY**

During 1950, the sampling of effluents from sewage disposal works in the County was undertaken by Sanitary Officers of the County Council, and the results of the County Analyst's examination of these samples were notified to the District Councils concerned, and also to the Clerk of the Severn River Board.

At the beginning of April, 1951, the Severn River Board, within whose area of jurisdiction the major portion of the County is situated, established a laboratory of their own for the examination of samples of sewage effluents, and commenced a comprehensive survey of rivers within their area, including the sampling of all sewage and trade effluents. It is no longer necessary, therefore, for routine sewage samples to be obtained by County Council sampling officers, but the Severn River Board have agreed to supply the County Medical Officer of Health with copies of the analytical reports on all river water and sewage effluents obtained by their sampling officers as and when they become available. In addition the following particulars have been very kindly supplied by the Pollution Prevention Officer of the Severn River Board, outlining the action taken by the Board in respect of unsatisfactory samples :

- (1) Quite a number of known unsatisfactory discharges are sampled for the purpose of acquiring evidence for submission by the Board to Inquiries held by the Ministry of Housing and Local Government into Local Authority applications for loan sanction for new sewage disposal works.
- (2) In other cases representations are made by the Board to the Local Authority concerned with a view to securing an improvement in maintenance and, where a smaller Local Authority is concerned, advice is given by the Board's Officers as to the most efficient method of operation; in the majority of cases this advice is acted upon.
- (3) Where sewage works are obviously overloaded and incapable of producing a satisfactory effluent, pressure is brought to bear by the Board with a view to persuading the Local Authority concerned to enlarge existing works or to construct entirely new works.
- (4) As a last resort, and after a long period of unfruitful representations, the Board can threaten a Local Authority with an application to the Ministry for consent to take proceedings.

The findings of the Board's Analyst upon the samples of sewage effluents obtained in Shropshire during 1959 are summarised in the table below.

Table 130. Sampling of Effluents

Location of Sewage Works or Sampling Point	Date of Sampling	Observations of Analyst
Bishop's Castle B.C. Sewage Works	1959 1st January	Unsatisfactory.
Gobowen Sewage Works (Oswestry R.D.C.)	5th February	Unsatisfactory in respect of Royal Commission recommended Standards.
Morda Scwage Works (Oswestry R.D.C.)	5th February	Unsatisfactory in respect of Royal Commission recommended Standards.
Cruckton Sewage Works (Atcham R.D.C.)	11th February	Unsatisfactory in respect of Royal Commission recommended Standards. Nitrification very poor. The observed condition of the plant doubtless contributes in great measure to the unsatisfactory condition of the effluent.
Hanwood Sewage Disposal Works (Atcham R.D.C.)	11th February	Unsatisfactory. Equivalent to weak untreated sewage.
Oswestry B.C. Sewage Farm Effluent	13th February	Unsatisfactory in respect of Royal Commission recommended Standards and containing cyanide just outside the Board's recommended Standard of 0.1 p.p.m.
Bridgnorth R.D.C. Kinlet Sewage Works	16th February	Most unsatisfactory.
Dawley Sewage Works (Dawley U.D.C.)	18th February	Unsatisfactory in respect of Royal Commission recommended Standards. Nitrification poor. Sample equivalent to weak crude sewage.
Wellington Sewage Works	19th February	The sample does not conform to Royal Commission recommended Standards. Nitrification however is reasonable.
Cockshutt Village Drain (Ellesmere R.D.C.)	10th March	An unsatisfactory discharge.
Sewage Works and Farm Effluent (Oswestry B.C.)	2nd April	Unsatisfactory because of suspended matter.
Salop C.C. Road Drain at West Felton	2nd April	Very unsatisfactory—equivalent to average strength crude sewage.

Location of Sewage Works or Sampling Point	Date of Sampling	Observations of Analyst
Bridgnorth Borough Council Sewage Works	1959 20th April	Unsatisfactory.
Alveley Sewage Works	11th June	An unsatisfactory effluent.
Alveley Sewage Works	15th June	An unsatisfactory effluent particularly in respect of suspended solids.
Edmond Sewage Works (Wellington R.D.C.)	17th June	Very unsatisfactory. Equivalent to average strength untreated sewage.
Newport U.D.C. Sewage Works	18th June	A very unsatisfactory non-nitrified effluent.
Dawley Sewage Works (Dawley U.D.C.)	6th July	Unsatisfactory in respect of Royal Commission Standards.
Ellesmere College Sewage Works	7th July	Unsatisfactory in respect of Royal Commission Standards although not an extremely bad effluent.
Gobowen Sewage Works	7th July	Unsatisfactory in respect of Royal Commission Standards especially with regard to Suspended Solids.
Pontesbury Sewage Works (Atcham R.D.C.)	15th July	An unsatisfactory effluent.
Church Stretton U.D.C. Sewage Works	19th August	Unsatisfactory.
Ludlow Borough Council Sewage Works	14th Sept.	Borderline B.O.D. value and slightly above Suspended Solids limit in respect of Royal Commission recommended Standards.
Dawley U.D.C. Sewage Works	15th Sept.	Unsatisfactory.
Kinlet Sewage Works (Bridgnorth R.D.C.)	25th Sept.	Unsatisfactory. Nitrification poor.
Hodnet Sewage Works (Drayton R.D.C.)	29th October	Unsatisfactory.
Market Drayton U.D.C. Sewage Works	29th October	B.O.D. and Suspended Solids above the upper limits of Royal Commission recommended Standards.
R.A.F. Stoke Heath Sewage Works	29th October	Nitrification good but the effluent is above the upper limit of Royal Commission recommended Standards in respect of B.O.D.
High Ercall Sewage Works (Wellington R.D.C.)	29th October	Slightly high in Suspended Solids only, otherwise satisfactory in respect of Royal Commission recommended Standards.
Roden Sewage Works (Wellington R.D.C.)	29th October	Just above the upper limit of Royal Commission recommended Standards in respect of B.O.D. and Suspended Solids. Nitrification good.
Wellington U.D.C. Sewage Works	29th October	Slightly high in Suspended Solids, which, if reduced, would probably result in the effluent conforming completely with Royal Commission Standards in respect of both B.O.D. and Suspended Solids.
Wem R.D.C. No. 2 Housing Site, Shawbury	29th October	Just outside the upper limits of Royal Commission recommended Standards in respect of B.O.D. and Suspended Solids.
Wem U.D.C. Sewage Works	29th October	Unsatisfactory.
Sewage Works—R.A.F. Shawbury	29th October	B.O.D. Satisfactory. High in Suspended Solids in respect of Royal Commission recommended Standards. Nitrification good.
R.A.F. Tern Hill Sewage Works	29th October	Satisfactory.
Myddle Housing Site (Ellesmere R.D.C.)	4th November	Unsatisfactory—equivalent to average strength crude sewage.
Market Drayton Sewage Works	5th November	B.O.D. value and suspended solids matter slightly high with respect to Royal Commission Standards.
Church Stretton Sewage Works	19th November	Satisfactory.
Donnington C.O.D. Sewage Works	1st December	Satisfactory.
Cockshutt Village Drain (Ellesmere R.D.C.)	2nd December	Unsatisfactory. Equivalent to crude sewage of rather less than average strength.

LOCAL GOVERNMENT ACT, 1933—SECTION 111

Medical Officers of Health of County Districts

The table on page 9 shows the systems of “combined districts” and “mixed appointments” operating on 31st December, 1959, and with the exception of the North-East Combined District, the whole of the County is covered by Medical Officers employed jointly by the District Councils and the County Council, as follows :

1. Shrewsbury Borough

2. Oswestry Borough
Oswestry Rural

3. Ellesmere Urban
Ellesmere Rural
Wem Urban
Wem Rural
Whitchurch Urban
4. Bridgnorth Borough
Bridgnorth Rural
Wenlock Borough

5. Atcham Rural
Bishop's Castle Borough
Church Stretton Urban
Clun Rural

6. Ludlow Rural

7. Ludlow Borough

TABLE I

Population, Acreage and Density of Population in the various Districts of Shropshire in 1959 (mid-year)

Districts	Population (estimated mid-1959)	Acreage (inclusive of water)	Persons per acre
URBAN			
Bishop's Castle Borough	1,250	1,867	0.67
Bridgnorth Borough	6,540	2,645	2.47
Church Stretton Urban	2,790	6,198	0.45
Dawley Urban	8,730	3,259	2.68
Ellesmere Urban	2,260	1,220	1.85
Ludlow Borough	6,610	1,068	6.19
Market Drayton Urban	5,750	1,216	4.73
Newport Urban	3,990	768	5.19
Oakengates Urban	11,360	2,396	4.74
Oswestry Borough	11,230	2,173	5.17
Shrewsbury Borough	48,640	8,118	5.99
Wellington Urban	13,590	2,281	5.96
Wem Urban	2,550	903	2.82
Wenlock Borough	15,080	22,657	0.67
Whitchurch Urban	7,030	6,053	1.16
TOTAL—Urban Districts	147,400	62,822	2.35
RURAL			
Atcham	22,440	134,490	0.17
Bridgnorth	17,190	100,897	0.17
Clun	9,220	132,512	0.07
Drayton	10,180	54,058	0.19
Ellesmere	8,360	48,253	0.17
Ludlow	13,670	112,823	0.12
Oswestry	19,990	61,524	0.32
Shifnal	13,890	39,562	0.35
Wellington	25,460	54,516	0.47
Wem	12,500	60,343	0.21
TOTAL—Rural Districts	152,900	798,978	0.19
ADMINISTRATIVE COUNTY	300,300	861,800	0.35

TABLE II
Deaths, Births and Infantile Mortality in Shropshire in 1959

DISTRICTS	DEATHS			BIRTHS				DEATHS OF INFANTS					
	Deaths at all ages	Rate per 1,000 of Population	Comparable Death-rate	Legitimate	Illegitimate	Total	Rate per 1,000 of Population	Comparable Birth-rate	Stillbirths	Under one month	Neo-natal mortality rate	Under one year	Infant mortality rate
URBAN													
Bishop's Castle Borough	31	24.80	6.70	14	1	15	12.00	13.56	—	—	—	—	—
Bridgnorth Borough	87	13.30	10.77	121	3	124	18.96	18.96	3	3	24.19	3	24.19
Church Stretton Urban	49	17.56	9.66	28	—	28	10.03	11.74	1	—	—	—	—
Dawley Urban	100	11.46	13.41	140	6	146	16.72	16.72	6	4	27.39	5	34.25
Ellesmere Urban	33	14.60	12.12	42	2	44	19.47	19.47	1	1	22.73	1	22.73
Ludlow Borough	109	16.49	10.39	102	5	107	16.19	16.19	6	1	9.35	1	9.35
Market Drayton Urban	72	12.52	11.14	95	3	98	17.04	17.55	2	1	10.20	2	20.41
Newport Urban	58	14.54	13.09	66	4	70	17.54	17.89	2	1	14.29	2	28.57
Oakengates Urban	154	13.56	14.78	165	8	173	15.23	15.23	4	1	5.78	2	11.56
Oswestry Borough	129	11.49	11.38	177	7	184	16.38	16.22	3	5	27.17	6	32.61
Shrewsbury Borough	528	10.85	10.74	779	27	806	16.57	16.24	20	13	16.13	14	17.37
Wellington Urban	155	11.40	12.65	181	11	192	14.13	13.71	5	5	26.04	6	31.25
Wem Urban	39	15.29	13.46	34	1	35	13.73	14.55	3	—	—	1	28.57
Wenlock Borough	181	12.00	11.28	223	10	233	15.45	15.60	4	5	21.46	5	21.46
Whitchurch Urban	116	16.50	11.72	107	1	108	15.36	16.13	2	1	9.26	1	9.26
Aggregate	1,841	12.49	11.62	2,274	89	2,363	16.03	16.03	62	41	17.35	49	20.74
RURAL													
Atcham	227	10.12	10.42	352	8	360	16.04	17.48	10	8	22.22	8	22.22
Bridgnorth	122	7.10	9.09	226	7	233	13.55	16.67	2	1	4.29	2	8.58
Clun	91	9.87	9.28	147	6	153	16.59	19.08	—	—	—	2	13.07
Drayton	107	10.51	11.77	189	6	195	19.16	19.16	4	2	10.26	4	20.51
Ellesmere	78	9.33	12.04	104	2	106	12.68	16.36	—	1	9.43	2	18.87
Ludlow	166	12.14	11.41	201	8	209	15.29	17.58	3	3	14.35	4	19.14
Oswestry	250	12.51	11.38	282	11	293	14.66	17.15	7	6	20.48	8	27.30
Shifnal	127	9.14	11.15	230	10	240	17.28	19.35	5	3	12.50	5	20.84
Wellington	214	8.41	10.76	403	24	427	16.77	17.61	11	8	18.74	11	25.76
Wem	111	8.88	9.41	190	13	203	16.24	17.38	6	1	4.93	1	4.93
Aggregate	1,493	9.77	10.84	2,324	95	2,419	15.82	17.72	48	33	13.64	47	19.43
ADMINISTRATIVE COUNTY	3,334	11.10	11.32	4,598	184	4,782	15.92	16.88	110	74	15.47	96	20.08

TABLE III

Registrar General's Statistics
Causes of Death in Shropshire during 1959

DISTRICTS	Tuberculosis—respiratory	Tuberculosis—other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant Neoplasm					Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth and abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war	ALL CAUSES	
										Stomach	Lung, bronchus	Breast	Uterus	Other malignant and lymphatic neoplasms																							Leukaemia, aleukaemia
URBAN:																																					
Bishop's Castle Borough	—	—	—	—	—	—	—	—	—	1	—	—	—	10	4	—	9	—	—	1	4	1	1	—	—	—	—	—	—	—	—	1	—	—	—	—	31
Bridgnorth Borough	1	—	—	—	—	—	—	—	—	11	—	—	13	14	—	16	14	1	16	—	3	1	2	—	—	—	—	—	—	—	10	1	1	—	—	87	
Church Stretton Urban	2	—	—	—	—	—	—	—	—	4	—	—	12	10	—	14	10	—	7	—	3	2	—	—	—	—	—	—	—	—	15	1	—	—	49		
Dawley Urban	—	—	—	—	—	—	—	—	—	10	—	—	13	20	—	13	20	—	14	—	—	4	1	—	—	—	—	—	—	—	2	2	1	—	100		
Ellesmere Urban	—	—	—	—	—	—	—	—	—	2	1	—	8	4	—	8	4	1	5	2	—	1	1	—	—	—	—	—	—	—	9	4	4	3	33		
Ludlow Borough	—	—	—	—	—	—	—	—	—	1	—	—	20	18	—	20	18	4	10	—	6	12	5	2	—	—	—	—	—	—	2	2	2	—	109		
Market Drayton Urban	—	—	—	—	—	—	—	—	—	4	1	—	14	15	—	14	15	3	10	1	—	4	6	—	—	—	—	—	—	—	4	1	1	—	72		
Newport Urban	1	—	—	—	—	—	—	—	—	5	—	—	7	10	—	7	10	2	18	—	2	—	2	—	—	—	—	—	—	—	2	—	2	2	58		
Oakengates Urban	—	—	—	—	—	—	—	—	—	18	—	—	16	41	—	16	41	1	12	9	6	—	5	1	—	—	—	—	—	—	8	1	2	2	154		
Oswestry Borough	1	—	—	—	—	—	—	—	—	9	—	—	18	22	—	18	22	2	22	4	7	7	—	—	—	—	—	—	—	7	2	2	2	129			
Shrewsbury Borough	4	—	—	—	—	—	—	—	2	53	3	—	88	75	—	88	75	14	90	15	9	16	25	6	—	—	—	—	42	4	4	15	5	528			
Wellington Urban	2	—	—	—	—	—	—	—	—	16	—	—	23	33	—	23	33	2	20	12	1	12	7	2	—	—	—	—	9	1	1	3	1	155			
Wem Urban	—	—	—	—	—	—	—	—	—	5	—	—	5	3	—	5	3	—	8	2	—	2	1	2	—	—	—	—	—	4	1	1	1	39			
Wenlock Borough	2	—	—	—	—	—	—	—	—	13	—	—	42	19	—	42	19	6	30	9	5	3	14	2	—	—	—	—	—	13	1	2	1	1	181		
Whitchurch Urban	—	—	—	—	—	—	—	—	—	3	2	3	—	17	—	17	17	2	17	3	2	2	1	—	—	—	—	—	—	23	1	3	1	—	116		
TOTAL—Urban Districts	14	—	—	—	—	—	—	—	2	35	43	29	17	173	6	306	305	40	288	70	46	72	94	21	8	7	11	9	—	16	149	18	32	21	—	1841	
POP. 147,400																																					
RURAL:																																					
Atcham	—	—	—	—	—	—	—	—	—	2	6	3	—	16	1	46	30	5	39	4	8	5	5	1	—	4	2	6	—	3	26	6	3	1	1	227	
Bridgnorth	1	—	—	—	—	—	—	—	1	2	—	1	19	16	—	19	16	2	19	4	2	8	8	3	1	—	1	—	—	12	2	2	2	—	122		
Clun	—	—	—	—	—	—	—	—	—	6	—	3	—	6	1	18	9	2	18	4	2	6	1	3	1	—	—	—	—	5	3	3	1	1	91		
Drayton	—	—	—	—	—	—	—	—	—	—	3	—	—	18	—	14	15	4	19	2	2	4	4	—	—	—	—	—	—	9	3	3	1	1	107		
Ellesmere	—	—	—	—	—	—	—	—	—	5	2	—	1	11	—	15	13	—	10	4	2	1	2	—	—	—	—	—	—	7	1	2	2	—	78		
Ludlow	—	—	—	—	—	—	—	—	—	—	1	4	3	16	—	23	30	3	28	4	1	11	13	—	—	2	—	—	—	15	—	5	3	4	—	165	
Oswestry	1	—	—	—	—	—	—	—	—	5	13	4	3	16	3	40	30	4	46	7	3	8	13	1	—	2	2	4	—	28	5	4	3	3	250		
Shifnal	—	—	—	—	—	—	—	—	—	2	2	2	—	13	—	13	22	6	9	6	8	3	9	—	1	—	1	—	—	17	—	2	2	2	127		
Wellington	—	1	—	—	—	—	—	—	—	6	10	4	2	24	—	40	39	6	28	6	3	6	4	—	—	—	—	—	—	22	2	5	2	2	214		
Wem	—	—	—	—	—	—	—	—	1	3	1	1	—	5	—	15	25	2	16	6	—	4	6	—	—	—	—	—	—	7	4	4	6	—	111		
TOTAL—Rural Districts	3	1	1	—	—	—	—	—	2	33	38	22	11	139	6	243	229	34	232	47	31	56	65	10	6	9	9	13	—	10	148	26	31	20	4	1493	
POP. 152,900																																					
TOTAL—County	17	1	1	—	—	—	—	—	4	68	81	51	28	312	12	549	534	74	520	117	77	128	159	31	14	16	20	22	—	26	297	44	63	41	4	3334	
POP. 300,300																																					

TABLE IV

Causes of death by sex and age periods in Shropshire during 1959

AGE GROUPS	Sex	ALL CAUSES	Tuberculosis—respiratory	Tuberculosis—other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant Neoplasm					Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth and abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war								
												Stomach	Lung, bronchus	Breast	Uterus	Other malignant and lymphatic neoplasms																														
URBAN DISTRICTS:																																														
Under 1 year ..	M	27	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
1 year and under 5 years	F	22	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
5 years and under 15 years ..	M	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
15 years and under 25 years ..	F	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
25 years and under 45 years ..	M	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
45 years and under 65 years ..	F	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
65 years and under 75 years ..	M	41	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
75 years and over ..	F	17	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	M	246	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	F	142	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	M	255	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	F	209	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	M	349	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	F	509	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
TOTAL—All ages ..	M	933	11	—	—	—	—	—	—	—	2	18	39	—	—	—	4	4	130	180	23	121	31	29	39	62	13	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	F	908	3	—	—	—	—	—	—	—	—	17	4	29	—	—	2	5	176	125	17	167	39	17	33	32	8	2	7	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
RURAL DISTRICTS:																																														
Under 1 year ..	M	23	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1 year and under 5 years	F	24	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5 years and under 15 years ..	M	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15 years and under 25 years ..	F	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25 years and under 45 years ..	M	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
45 years and under 65 years ..	F	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65 years and under 75 years ..	M	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
75 years and over ..	F	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	M	32	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	19	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	M	216	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	117	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	M	216	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									

TABLE V
Return of Cases of Notifiable Diseases during 1959

SANITARY DISTRICT	Scarlet Fever	Whooping Cough	Dysentery	Measles	Acute Pneumonia	Meningococcal Infection	Acute Poliomyelitis (Paralytic)	Acute Poliomyelitis (Non-Paralytic)	Ophthalmia Neonatorum	Puerperal Pyrexia	Erysipelas	Food Poisoning	†Tuberculosis (Respiratory)	Tuberculosis (C.N.S. and Meninges)	Tuberculosis (Other)	Acute Encephalitis (Infective)	Acute Encephalitis (Post Infectious)	Typhoid
BN AND BOROUGH :																		
op's Castle	1	3	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
gnorth	—	4	—	172	1	—	—	—	—	—	—	—	5	—	2	—	—	—
rch Stretton	2	3	5	131	17	—	—	—	—	—	1	—	2	—	—	—	—	—
yley	2	12	—	231	12	—	—	—	—	—	—	—	2	—	1	—	—	—
lsmere	—	—	1	34	—	1	—	—	—	—	—	—	—	—	—	—	—	—
ulow	1	2	—	27	2	—	—	—	—	—	—	1	3	—	1	—	—	—
ket Drayton	—	—	—	125	—	—	—	—	—	—	—	—	1	—	—	—	—	—
port	3	1	—	5	7	—	—	—	—	—	—	2	—	—	—	—	—	—
engates	4	6	—	69	—	—	—	—	—	—	—	—	3	—	—	—	—	—
estry	4	4	9	165	14	—	—	1	—	2	—	1	2	—	2	—	—	—
wsbury	53	15	14	710	25	—	1	—	1	5	9	2	20	—	1	—	—	—
vington	15	—	6	107	6	—	—	1	—	—	—	—	4	—	1	—	—	—
vn	2	—	—	123	4	—	—	—	—	—	—	1	—	—	—	—	—	—
ilock	8	5	1	135	25	—	—	—	—	2	1	—	9	—	1	—	1	—
itchurch	4	1	21	2	1	—	—	—	—	—	1	—	2	—	—	—	—	—
TOTAL	99	56	57	2,036	116	1	1	2	1	9	12	7	53	—	9	—	1	—
R :																		
ham	26	33	26	380	24	3	2	—	—	4	—	3	4	—	—	1	—	—
gnorth	7	7	—	272	13	—	—	—	—	2	1	—	3	—	1	—	—	—
h	5	12	—	38	6	—	—	1	—	—	1	5	1	—	—	1	—	—
ayton	4	23	—	250	5	—	—	—	—	—	1	—	—	—	2	—	—	—
lsmere	4	2	2	159	6	—	—	—	—	—	1	—	—	—	—	—	—	—
ulow	23	9	1	167	16	—	—	—	—	—	1	1	5	—	1	—	—	1
estry	51	10	10	304	13	—	1	—	—	—	—	2	6	—	—	—	—	—
hnal	25	10	6	106	65	1	—	—	2	—	4	—	3	—	1	2	1	—
vington	33	2	5	55	7	—	—	—	—	1	1	—	5	1	1	—	—	—
vn	4	14	3	158	9	—	—	—	—	—	—	—	1	1	1	—	—	—
TOTAL	182	122	53	1,889	164	4	3	1	2	7	10	11	28	2	7	4	1	1
ADMINISTRATIVE COUNTY :																		
il for 1959	281	178	110	3,925	280	5	4	3	3	16	22	18	81	2	16	4	2	1
il for 1958	282	345	193	1,482	195	14	11	5	3	15	10	60	105	1	33	1	1	—
ase (+) or	—	—	—	+2,443	+85	—	—	—	—	+1	+12	—	—	+1	—	+3	+1	+1
ase (—)	—1	—167	—83			—9	—7	—2	—			—42	—24		—17			

—No notifications.

†Notifications exclude cases notified after death, and do not therefore compare with the numbers of new cases of Respiratory Tuberculosis reported on page 21.

TABLE VI

Midwifery Services—Domiciliary Confinements attended in 1959

Nursing District	Nurse Mid-wives	Total confinements	Doctor present at delivery	†Tests performed			Analgesics administered			‡Total cases	Domiciliary Visits			
				W.R. and Kahn	Rhesus factor	Coombs test	Pethidine	Gas/Air	Trilene		Ante-natal	Mater-nity	Mid-wifery	Total
Alberbury	1	7	1	4	5	2	5	6	1	7	47	18	103	168
Albrighton	1	34	2	34	34	3	22	30	1	32	351	36	650	1,037
Ash	1	19	17	—	19	5	11	16	—	17	219	310	36	565
Atcham	1	34	2	34	34	6	17	29	—	31	346	36	580	962
Baschurch	1	15	1	15	15	2	12	14	—	14	144	22	269	435
Bishop's Castle	2	16	—	16	16	1	14	14	—	15	184	—	325	509
Bomere Heath	1	19	5	18	19	—	13	16	1	17	213	78	247	538
Bridgnorth	3	58	4	58	58	5	39	51	—	52	539	73	1,035	1,647
Burford	1	8	—	6	8	3	5	8	—	8	86	—	162	248
Chirbury	1	10	2	10	10	2	6	9	1	9	100	34	137	271
Church Stretton	2	23	14	23	23	2	13	19	6	21	278	285	169	732
Claverley	1	14	—	12	14	1	3	8	—	10	171	—	272	443
Clee Hill	1	8	—	1	8	—	4	6	—	6	84	—	153	237
Cleobury Mortimer	2	17	2	16	16	3	10	9	5	15	203	45	273	521
Clun	1	6	—	6	6	—	3	3	—	3	61	—	123	184
Clungunford	x	4	1	4	4	—	—	—	1	1	34	24	68	126
Craven Arms	1	20	3	18	18	2	14	16	—	16	202	63	324	589
Dawley	2	45	21	45	45	9	33	1	41	42	430	370	419	1,219
Donnington	2	50	4	41	46	7	24	17	23	43	447	80	828	1,355
Dorrington	1	14	1	—	12	7	10	12	1	13	151	18	244	413
Ellesmere	1	30	3	27	27	6	15	24	—	27	250	54	502	806
Gobowen	1	16	—	15	16	1	4	12	—	13	208	—	303	511
Hadley	1	49	4	47	48	6	33	4	34	40	417	80	847	1,344
Highley	1	7	—	6	6	1	3	4	—	4	91	—	146	237
Hinstock	1	11	1	10	10	2	3	8	—	8	119	17	182	318
Hodnet	1	11	1	9	10	2	8	6	—	9	150	19	183	352
Ironbridge	3	65	7	61	62	11	33	34	—	47	643	146	1,111	1,900
Kinnerley	1	15	3	15	15	—	14	14	—	15	137	56	212	405
Longden	1	14	—	13	13	3	9	13	—	14	122	—	293	415
Ludlow	2	31	7	29	31	4	11	12	9	23	268	137	481	886
Market Drayton	2	64	12	62	62	4	38	38	7	51	620	224	946	1,790
Moreton Corbet	1	15	2	15	15	1	15	15	—	15	165	44	259	468
Morton	§1	21	1	21	21	3	13	11	8	19	272	18	327	617
Much Wenlock	1	6	—	6	6	—	2	3	—	4	33	—	115	148
Munslow	1	13	—	13	13	1	9	6	—	11	112	—	262	374
Newport	2	44	1	38	41	4	24	23	1	30	319	22	766	1,107
Oakengates	3	92	4	92	92	8	53	11	72	87	887	83	1,757	2,727
Oswestry	3	88	3	71	87	18	61	53	24	82	863	59	1,777	2,699
Pontesbury	1	17	—	16	16	3	11	17	—	17	199	—	340	539
Prees	1	22	21	—	22	3	18	11	2	19	192	453	19	664
St. Martin's	1	26	1	25	26	3	12	20	—	23	236	18	459	713
Shifnal	2	26	2	23	24	2	10	20	—	21	282	35	423	740
Shrewsbury	*6	318	40	282	312	37	269	51	259	309	3,240	727	4,955	8,922
Stiperstones	1	12	—	7	12	2	7	7	—	11	243	—	219	462
Stoke-on-Tern	1	17	5	—	17	1	11	14	1	14	232	110	243	585
Stoke St. Milborough	1	3	—	2	3	—	2	2	—	2	29	—	53	82
Sundorne	1	16	4	8	15	1	10	13	1	13	208	81	218	507
Tibberton	1	20	2	6	19	5	9	14	2	17	182	36	338	556
Trefonen	§1	4	—	4	4	—	4	4	—	4	23	—	70	93
Wellington	2	85	4	84	84	14	35	8	43	60	1,149	90	1,659	2,898
Wem	1	29	17	28	29	1	19	21	4	24	286	371	222	879
Westbury	1	16	1	8	16	2	6	14	—	14	149	19	267	435
West Felton	1	19	1	18	19	1	9	16	—	17	168	18	325	511
Weston Rhyn	1	6	1	6	6	1	3	3	1	4	60	22	97	179
Whitchurch	2	77	67	39	75	13	57	61	14	74	763	1,508	238	2,509
Whixall	1	13	8	—	13	2	9	10	—	10	101	154	87	342
Wrockwardine	1	19	2	19	19	5	16	11	—	16	320	40	309	669
Agency—Radnorshire	2	1	—	—	—	—	1	1	—	1	6	—	18	24
Agency—Montgomeryshire	2	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	83	1,759	305	1,486	1,716	231	1,124	893	563	1,541	18,034	6,133	27,445	51,612

*Whole-time Midwives.

†These figures exclude cases tested and the results of which are not known by the midwife.

‡Cases receiving one or more forms of analgesia.

§These nurse-midwives are also employed in the Oswestry Nursing District.

||Covered by the Burford Nurse w.e.f. 17th December, 1958.

xCovered by adjoining districts of Bishop's Castle, Clun and Craven Arms w.e.f. 30th September, 1959.

TABLE VII
Home Nursing Service—Cases attended in 1959

Nursing District	Nurses	CASES—CATEGORIES AND VISITS														Children under 5 at first visit		Patients over 65 at first visit		Patients with more than 24 visits in year		Disposal of Cases	
		Medical		Surgical		Infectious Diseases		Tuberculosis		Maternal Complications		Others		Total		Cases	Visits	Cases	Visits	Cases	Visits	Removed from books	Under care on 31.12.59
		Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits								
Alberbury	1	105	1,197	5	33	1	8	—	—	4	27	2	4	117	1,269	13	109	40	664	11	507	108	9
Albrighton	1	56	1,035	5	123	—	—	1	59	6	82	—	—	68	1,299	6	45	30	694	13	743	59	9
Ash	1	64	1,217	4	128	3	41	—	—	2	26	1	38	74	1,450	9	105	22	718	14	826	68	6
Atcham	1	43	2,210	6	105	—	—	—	—	—	—	—	—	49	2,315	—	—	28	1,480	23	2,005	30	19
Baschurch	1	110	1,110	5	84	—	—	—	—	3	29	—	—	138	1,223	46	262	26	258	6	457	131	7
Bishop's Castle	2	64	2,545	9	235	—	—	—	—	4	32	1	1	78	2,813	2	50	42	2,383	25	2,339	66	12
Bomere Heath	1	54	1,108	4	69	1	2	—	—	—	—	1	1	60	1,180	2	9	33	723	13	963	50	10
Bridgnorth	3	187	4,807	14	154	1	9	2	103	7	36	3	3	214	5,112	2	15	137	3,846	47	3,892	177	37
Burford	1	25	417	7	50	—	—	—	—	3	33	1	1	36	501	4	25	19	362	7	265	32	4
Chirbury	1	42	434	2	35	—	—	1	3	5	21	—	2	346	4,933	34	160	115	3,080	41	3,192	308	38
Church Stretton	2	311	4,400	20	277	9	58	2	166	3	30	1	3	51	1,723	6	55	25	502	8	503	33	14
Claverley	1	44	1,551	2	111	—	—	1	50	3	8	1	1	47	799	6	55	53	814	17	922	103	13
Clee Hill	8	36	629	6	47	—	—	1	118	3	4	1	2	116	1,468	8	28	73	2,338	19	1,959	87	34
Cleobury Mortimer	2	99	1,287	11	145	1	24	—	—	4	24	—	—	121	2,771	5	28	73	2,338	19	1,959	87	34
Clun	1	108	2,542	8	170	—	—	1	35	4	24	—	2	26	261	1	5	9	77	2	68	26	—
Clun	11	21	203	3	37	1	19	—	—	3	19	—	—	144	1,957	21	193	29	756	10	562	130	14
Clun	1	124	1,632	13	252	4	54	—	—	15	122	—	—	130	2,539	3	13	60	1,550	22	1,761	109	21
Craven Arms	2	104	2,240	10	169	—	—	1	8	3	16	—	—	183	3,004	11	57	54	955	29	2,049	149	34
Dawley	2	149	2,579	27	275	2	56	2	78	4	23	1	1	97	1,052	24	164	33	477	11	552	87	10
Donnington	1	85	938	6	81	1	9	—	—	4	23	—	—	87	1,119	5	25	49	815	12	601	78	9
Dorrington	1	71	890	7	112	—	—	1	40	8	77	—	—	72	1,394	8	42	26	710	11	931	64	8
Ellesmere	1	65	1,317	3	29	—	—	—	—	4	48	—	—	80	1,994	7	55	31	866	22	1,450	71	7
Gobowen	1	71	1,918	8	59	—	—	—	—	1	17	—	—	78	2,048	6	55	26	962	21	1,639	71	7
Hadley	1	69	1,822	6	185	—	—	—	—	2	40	1	1	111	1,525	14	52	34	673	7	949	103	8
Highley	1	71	1,918	8	59	—	—	—	—	1	17	—	—	78	2,048	6	55	26	962	21	1,639	71	7
Hinstock	1	106	1,437	3	80	—	—	—	—	1	7	1	1	111	1,525	14	52	34	673	7	949	103	8
Hodnet	1	66	909	7	81	2	64	1	11	6	37	1	1	83	1,103	11	57	27	742	11	737	74	9
Ironbridge	3	184	4,209	16	370	1	10	—	23	6	85	1	8	209	4,705	9	86	112	3,432	40	3,525	180	29
Kinnerley	1	45	602	3	7	—	—	—	—	3	43	—	—	51	652	7	27	25	360	7	413	44	7
Kinnerley	1	43	1,238	4	101	—	—	—	—	4	24	1	1	52	1,364	4	20	21	985	13	1,089	41	11
Longden	†3	134	4,075	13	176	1	31	—	—	6	153	4	9	158	4,444	6	53	92	2,702	46	3,506	116	42
Ludlow	1	91	2,139	5	98	1	72	1	19	4	18	—	—	105	2,349	13	74	58	1,638	22	1,679	86	19
Market Drayton	2	55	771	1	23	—	—	—	—	2	10	—	—	59	819	4	36	34	561	11	526	45	14
Moreton Corbet	1	55	771	1	23	—	—	—	—	4	18	—	—	105	2,349	13	74	58	1,638	22	1,679	86	19
Morton	†1	87	2,476	5	24	—	—	—	—	2	10	—	—	59	819	4	36	34	561	11	526	45	14
Much Wenlock	1	57	1,730	5	178	—	—	—	—	5	34	—	—	97	2,534	3	16	48	1,392	19	1,980	82	15
Munslow	1	75	893	3	9	—	—	—	—	1	9	—	—	63	1,917	3	12	40	1,633	16	1,672	56	7
Newport	2	119	2,000	9	101	1	6	—	—	4	44	—	—	83	960	9	61	26	372	6	284	77	6
Oakengates	3	219	5,415	29	591	2	51	3	149	7	38	—	—	131	2,122	5	22	60	1,423	21	1,307	118	13
Oswestry	3	583	12,498	25	463	2	53	1	54	2	15	—	—	260	6,244	10	95	126	3,851	65	4,372	203	57
Pontesbury	1	54	874	6	35	1	1	—	—	45	439	3	24	659	13,531	39	255	219	7,779	102	9,502	584	75
Prees	1	56	644	3	52	—	—	—	—	1	7	—	—	63	921	5	46	26	677	12	626	56	7
St. Martin's	1	91	1,170	2	53	—	—	—	—	1	—	—	—	60	697	1	2	28	390	9	345	57	3
Shifnal	2	92	5,048	2	5	—	—	1	45	—	55	—	—	97	1,278	8	72	28	524	13	602	87	10
Shrewsbury	*6	729	22,323	74	2,025	11	232	4	68	13	97	3	8	97	5,116	3	21	54	3,793	36	4,582	67	30
Stiperstones	1	42	601	3	58	—	—	—	—	—	—	—	—	834	24,753	29	250	494	18,368	222	20,310	662	172
Stoke-on-Tern	1	71	1,473	3	15	—	—	—	—	—	—	—	—	47	745	4	29	19	302	8	450	39	8
Stoke St. Milborough	1	35	967	1	6	1	5	—	—	—	—	—	—	40	1,009	2	42	25	867	7	667	34	6
Sundorne	1	71	1,269	4	32	—	—	—	—	3	31	—	—	76	1,304	6	30	37	993	13	860	63	13
Tibberton	1	30	796	1	8	—	—	—	—	1	4	—	—	35	825	1	4	19	711	9	675	26	9
Trefonen	†1	19	506	1	37	—	—	—	—	4	21	—	—	21	546	1	5	6	248	7	422	14	7
Wellington	2	192	3,874	16	310	—	—	—	—	—	—	—	—	36	4,311	10	84	78	2,279	50	2,764	193	24
Wem	1	79	1,315	9	157	—	—	—	—	7	36	1	43	93	1,484	4	15	49	1,085	14	1,080	84	9
Westbury	1	68	1,600	6	123	—	—	—	—	2	9	3	3	74	1,723	4	41	33	1,331	15	1,274	59	15
West Felton	1	143	1,411	3	25	1	3	4	141	—	—	3	8	154	1,588	36	152	31	810	8	820	149	5
Weston Rhyn	1	70	460	4	25	2	13	—	—	6	70	—	—	82	568	16	69	26	234	5	218	76	6
Whitchurch	2	95	2,795	9	136																		

*Whole-time Home Nurses.

†Includes one whole-time Home Nurse.

‡These Nurses are also employed in the Oswestry Nursing District.

§Area covered by Burford Nurse w.e.f. 17th December, 1958.

||Covered by adjoining districts of Bishop's Castle, Clun and Craven Arms w.e.f. 30th September, 1959.

TABLE VIII
Home Nursing Service—Analysis by Sex and Age Groups of Cases attended in 1959

DISEASE	CASES			MALES										FEMALES									
	Males	Females	Total	0—	5—	15—	25—	35—	45—	55—	65—	75—	0—	5—	15—	25—	35—	45—	55—	65—	75—		
Tuberculosis, all forms	18	16	34	—	—	5	1	3	3	2	3	1	—	1	1	6	3	1	1	3	—		
Other infectious diseases	13	48	61	2	4	2	1	1	2	—	—	1	3	7	—	5	4	6	4	8	11		
Parasitic diseases	7	6	13	—	2	3	1	1	—	—	—	—	4	—	—	—	—	—	—	—	—		
Malignant and lymphatic neoplasms	117	161	278	—	—	—	3	—	10	40	29	35	—	—	1	1	11	20	39	44	45		
Asthma	11	31	42	—	3	—	—	1	—	3	1	3	—	1	2	3	4	5	8	3	5		
Diabetes mellitus	41	85	126	—	4	1	—	2	—	8	13	13	—	2	—	—	2	3	11	40	27		
Anaemia	86	463	549	3	—	—	3	2	8	13	28	29	1	—	17	44	31	54	68	110	138		
Vascular lesions affecting central nervous system	142	218	360	1	—	—	—	—	2	29	39	71	—	—	—	—	3	9	25	63	118		
Other mental and nervous diseases	29	93	122	2	—	1	1	2	5	7	5	6	1	1	2	5	13	16	9	21	25		
Diseases of the eye	14	30	44	3	3	—	1	—	2	2	2	1	4	3	2	2	5	1	1	7	5		
Diseases of the ear	70	69	139	8	23	11	6	6	6	3	3	4	5	16	7	8	11	9	5	5	3		
Diseases of the heart and arteries	164	253	417	—	1	1	1	1	8	22	50	81	—	—	—	4	5	11	35	71	127		
Diseases of the veins	38	188	226	—	1	1	1	2	3	7	9	14	—	—	—	5	16	23	41	46	57		
Upper respiratory diseases	139	220	359	28	34	16	11	12	8	11	8	11	31	39	27	41	18	18	14	14	18		
Other respiratory diseases	195	202	397	33	6	4	6	7	13	39	35	52	21	9	—	11	10	19	23	28	81		
Constipation	119	149	268	19	7	1	—	1	9	13	30	39	10	7	9	12	8	11	15	26	51		
Other diseases of digestive system	179	253	432	19	8	13	15	17	25	25	34	23	19	11	15	19	28	36	50	37	38		
Diseases of urinary system and male genital organs	148	—	148	65	12	—	2	4	6	4	24	31	—	—	—	—	—	—	—	—	—		
Diseases of breast and female genital organs	—	639	639	—	—	—	—	—	—	—	—	—	2	6	31	98	58	54	71	147	172		
Complications of pregnancy and puerperium	—	250	250	—	—	—	—	—	—	—	—	—	—	—	65	143	40	2	—	—	—		
Diseases of skin and subcutaneous tissues	215	289	504	32	38	27	21	20	21	21	19	16	38	33	36	23	35	30	35	30	29		
Diseases of bones, joints and muscles	47	152	199	—	3	3	3	3	7	4	9	15	1	2	4	5	8	12	19	41	60		
Injuries	321	383	704	61	80	42	29	23	27	25	16	18	49	58	20	26	34	35	42	37	82		
Senility	53	206	259	—	—	—	—	—	—	—	3	50	—	—	—	—	—	—	—	21	185		
Other defined and ill-defined diseases	146	186	332	33	19	7	9	13	14	21	19	11	26	12	13	18	18	29	27	20	23		
Diseases not specified	13	30	43	2	—	—	1	1	2	5	—	2	—	1	1	4	4	5	8	6	1		
TOTAL	2,325	4,620	6,945	311	248	137	116	122	181	304	379	527	215	209	255	483	369	409	551	828	1301		

TABLE IX

Home Nursing Service—Cases Completed in 1959—Duration of Treatment, Visits and Disposal

DISEASE	TOTAL CASES	DURATION OF TREATMENT		VISITS			DISPOSAL OF CASES							
		Length (days)	Average per case (days)	Total		Average per case	Recovered, relieved or convalescent	Admitted to hospital or nursing home	Died	Gone away	Out-patient X-ray, own doctor, etc.	Treatment undertaken by patient	Discontinued	Others
				Day	Night									
Tuberculosis, all forms	26	3,563	137	1,926	—	74	16	4	2	1	—	1	2	—
Other infectious diseases	52	1,315	26	604	—	12	48	3	—	—	1	—	—	—
Parasitic diseases	13	267	21	127	—	10	11	—	—	1	1	—	—	—
Malignant and lymphatic neoplasms	239	17,547	73	9,498	104	40	36	49	133	9	7	3	—	2
Asthma	28	3,458	124	1,165	5	42	18	5	4	1	—	—	—	—
Diabetes mellitus	76	27,143	357	22,895	—	301	19	19	5	20	3	9	1	—
Anaemia	298	51,265	172	8,928	6	30	195	26	18	43	9	4	3	—
Vascular lesions affecting central nervous system	299	19,438	65	8,303	11	28	66	81	135	10	2	—	1	4
Other mental and nervous diseases	77	16,022	208	6,480	2	84	25	22	12	10	5	1	1	1
Diseases of the eye	37	1,794	48	1,324	—	36	30	2	—	3	2	—	—	—
Diseases of the ear	128	4,152	32	1,423	—	11	105	3	—	4	16	—	—	—
Diseases of the heart and arteries	331	46,775	141	14,881	2,768	53	96	84	113	28	5	2	2	1
Diseases of the veins	151	22,171	147	9,709	1	64	105	23	5	12	4	1	1	—
Upper respiratory diseases	350	2,844	8	2,341	—	7	328	5	5	1	9	1	—	1
Other respiratory diseases	377	12,407	33	5,993	26	16	261	52	55	7	—	1	1	—
Constipation	261	2,599	10	984	7	4	225	24	3	2	6	1	—	—
Other diseases of digestive system	401	8,799	22	4,250	3	11	248	49	2	6	93	—	3	—
Diseases of urinary system and male genital organs	135	8,089	60	3,161	—	23	110	7	9	5	4	—	—	—
Diseases of breast and female genital organs	595	12,335	21	3,994	1	7	483	32	3	7	62	6	2	—
Complications of pregnancy and puerperium	240	3,319	14	2,186	30	9	174	54	—	5	4	—	2	1
Diseases of skin and subcutaneous tissues	472	8,513	18	4,964	1	11	430	21	4	9	7	—	1	—
Diseases of bones, joints and muscles	126	28,679	228	8,426	25	67	73	29	11	7	3	—	1	2
Injuries	661	10,877	16	6,380	4	10	558	45	8	9	39	1	1	—
Senility	185	26,477	143	7,734	1	42	36	53	85	8	—	2	—	1
Other defined and ill-defined diseases	312	3,320	11	1,470	16	5	159	25	1	3	124	—	—	—
Diseases not specified	43	375	9	188	—	4	15	1	—	—	27	—	—	—
TOTAL	5,913	343,543	58	139,334	3,011	24	3,870	718	613	211	433	33	22	13

TABLE X: Housing—Summary of Answers to Questionnaires.

	Atcham R.	Bishop's Castle B.	Bridgnorth B.	Bridgnorth R.	Church Stretton U.	Clun R.	Dawley U.	Drayton R.	Ellesmere U.	Ellesmere R.	Ludlow B.	Ludlow R.	Market Drayton U.	Newport U.	Oakengates U.	Oswestry B.	Oswestry R.	Shifnal R.	Shrewsbury B.	Wellington U.	Wellington R.	Wem U.	Wem R.	Wenlock B.	Wenlock R.
Estimated Population Mid-Year	22,440	1,250	6,540	17,190	2,790	9,220	8,730	10,180	2,260	8,360	6,610	13,670	5,750	3,990	11,360	11,230	19,990	13,890	48,640	13,590	25,460	2,550	12,500	15,080	7,000
Total number of permanent dwellings in District	6,577	430	2,380	4,185	951	3,086	2,883	2,460	743	2,077	2,153	4,274	1,933	1,265	3,982	3,771	5,065	3,475	14,826	3,969	7,167	856	3,145	*4,600	2,217
Total number of permanent dwellings owned by Local Authority	931	80	625	472	149	257	1,119	419	199	258	493	449	508	435	1,384	887	1,087	843	3,964	1,540	2,844	321	456	1,217	66
HOUSING ACT, 1957																									
Houses dealt with in Clearance Areas during the year 1959:																									
(a) Unfit for human habitation included in clearance areas	—	—	14	—	—	—	25	—	—	—	—	—	—	—	17	—	—	—	50	6	25	—	—	—	22
(b) Number of houses demolished	—	—	3	—	—	—	12	—	—	—	—	—	—	9	40	—	—	7	140	17	3	—	—	—	4
Houses by reason of bad arrangement:																									
(a) Included in clearance areas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Demolished	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Houses demolished on land acquired under Section 43(2)	—	—	—	—	—	—	15	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—
Other than in Clearance Areas:																									
Houses demolished as a result of informal procedure under Section 17(1)	13	—	—	1	—	4	4	10	—	1	—	—	22	—	22	—	—	13	—	8	13	—	—	—	6
Local Authority owned houses certified unfit by M.O.H.: Number demolished	11	—	2	—	—	—	5	12	—	—	—	—	—	3	1	—	—	—	5	5	—	—	—	—	1
Unfit houses included in Unfitness Orders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unfit houses closed:																									
Number of houses closed under Sections 16(4), 17(1) and 35(1)	22	—	10	11	—	4	37	4	—	21	2	6	—	—	1	—	25	1	22	—	1	—	—	—	12
Number of houses closed under Sections 17(3) and 26	—	—	8	—	—	—	—	—	—	—	—	10	—	—	—	—	—	—	—	—	—	—	—	—	8
Parts of buildings closed under Section 18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unfit houses made fit:																									
Houses in which defects were remedied by owner and after informal action by local authority:	34	2	8	—	—	4	—	33	147	6	—	10	—	—	—	—	—	18	—	6	91	2	—	16	—
Under Section 9: By Owner	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Under Section 9: By Local Authority	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Under Section 16: By Owner	—	—	—	—	—	—	4	—	—	2	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—
Under Section 24: By Owner	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unfit houses for temporary accommodation:																									
Retained for temporary accommodation under Section 48	—	—	—	—	—	—	—	—	18	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Retained for temporary accommodation under Section 17(2)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—
Retained for temporary accommodation under Section 46	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Licence for temporary accommodation:																									
Number of licences issued under Sections 34 and 53	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Purchase of houses by agreement:																									
Number of houses in clearance areas other than those included in confirmed clearance orders or compulsory purchase orders: Number purchased	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
Number of houses where defects were remedied after service of formal notices under Public Health Acts:																									
(a) By Owners	—	—	6	4	2	1	—	3	—	—	—	—	—	—	—	—	—	9	27	—	—	—	—	—	4
(b) By Local Authorities	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Number of unfit defective houses rendered fit by informal action under the Public Health Act	—	12	20	15	1	6	14	133	—	12	17	—	14	19	152	31	65	1	94	6	91	1	4	10	12
Estimated number of houses still unfit for human habitation:																									
To be dealt with by demolition	†	40	*370	150	2	304	*311	87	18	†	246	*200	120	75	329	307	375	†	330	221	225	10	50	†	115
To be dealt with by reconditioning	†	—	†	—	—	65	*900	27	—	†	12	†	194	†	—	1,064	480	†	—	200	†	20	420	†	3
Overcrowding:																									
Number of houses overcrowded at 31st December, 1959	—	—	—	7	1	†	†	3	—	†	†	†	85	†	129	3	†	†	†	—	†	—	—	—	†
Number of overcrowded families rehoused during the year	4	—	—	—	—	†	53	—	—	†	18	†	2	2	10	3	†	†	†	—	3	—	—	—	†
Number of temporary housing units occupied on 31st December, 1959: (a) Prefabs. (b) Huts	61	—	8	—	14	20	—	32	—	—	—	—	10	—	82	50	28	—	166	54	—	—	—	40	20
Houses erected during the year:																									
By Local Authority for:																									
(a) Slum clearance	8	—	25	7	—	—	77	8	—	—	7	—	19	—	10	—	10	7	30	22	22	—	30	5	—
(b) Other purposes	16	—	38	17	—	—	—	—	—	—	33	—	—	—	6	—	—	—	207	24	—	—	—	—	—
By private enterprise for:																									
(a) Slum clearance	—	2	127	36	18	10	21	9	5	3	28	5	43	49	88	65	18	33	149	83	133	—	11	†	6
(b) Other purposes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Houses in course of erection:																									
By Local Authority for:																									
(a) Slum clearance	†	—	—	—	—	—	56	20	—	—	—	—	16	50	62	40	—	—	—	—	—	—	—	—	—
(b) Other purposes	†	—	10	—	12	—	56	—	—	—	10	—	32	—	84	62	140	22	†	33	57	—	36	14	
By private enterprise for:																									
(a) Slum clearance	†	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Other purposes	†	—	18	36	2	8	48	7	3	7	18	—	23	52	25	13	31	8	†	56	59	3	17	†	7
Houses or flats gained from conversion of large houses or buildings into flats or dwellings by:																									
Local Authority	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Private enterprise	—	—	2	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lost from conversion of two or more houses into one by:																									
Local Authority	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Private enterprise	—	—	—	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Post-war houses erected from 1st April, 1945, to 31st December, 1959, by:																									
Local Authority	†	32	488	416	76	163	749	219	†	190	312	359	257	2											

INDEX

	Page		Page
Accidents—ambulance cases	52, 54	Encephalitis, acute	101
— deaths due to	15, 99, 100	Epileptics and spastics	75
— in the home	61	Erysipelas	101
Acute encephalitis	101	Evening visitors	62
Acute poliomyelitis	21, 49, 99, 100, 101	Expectant and nursing mothers	30
Administration	10	Extra nourishment	59
Adulteration—food and drugs	75		
Aged and chronic sick—help for	40, 62, 65, 66	Family Planning Association	26
Agency arrangements	32, 38, 102, 103	Food—inspection and supervision	75
Aleukaemia	19, 99, 100	Food and Drugs Act, 1955	75
Ambulance Service	51	Food poisoning	22, 101
Anaemia	34, 39, 104, 105		
Analgesics	33, 35, 102	Gas/air analgesia	33, 35, 102
Analyses—foods and drugs	75	Gastritis, enteritis and diarrhoea	99, 100
— milk	75	Gonorrhoea	22
Ante-natal care	33, 36	Grants to local authorities—housing	84
— clinics	28	— sewerage	87
— visits	33, 102	— water supplies	86
Antigens for immunisation	49		
Area—Administrative County	9, 10, 97	Haemoglobin—estimation of	34
— Country Districts	9, 97	Haemolytic disease of newborn	34
Attested area	82	Health committee and sub-committees	7, 10
		Health education	59
B.C.G. vaccination	57	Health services—administration	10
Birth control clinics	26	Health visiting	37
Birth-rates	11, 12, 19, 20, 98	Heart disease	15, 99, 100, 104, 105
Births	11, 12, 23, 35, 98	Hereford Diocesan Association	29
Blind persons	74	Hodgkin's disease	20
Blood examinations	34, 102	Home accidents	61
Bronchitis	15, 99, 100	Home Helps	65
		Home nursing	38, 103, 105
Cancer—death-rates	17, 19, 20	Home safety	62
— deaths	17, 99, 100	Homes—convalescent	64
— Marie Curie fund	63	— mother and baby	29
Care and after-care of sick persons	54, 62	— nursing	73
Care of aged	62	Homicide, etc.	99, 100
— mothers and young children	23	Hospital and Specialist Services	22, 27, 42, 54
— neglected children	62	Hospital car service	53
— premature infants	13, 24, 26, 35, 42	Houses for midwives and nurses	32
— unmarried mothers and their children	29	Housing	83, 106
Chaddeslode Refuge and Hostel, Shrewsbury	29	Hyperplasia of prostate	15, 99, 100
Channel Islands Milk	76, 77	Hypertension with heart disease	15, 99, 100
Child minders—registration of	73		
Child welfare centres	27, 28	Illegitimate—births	11, 12, 98
Children—epileptics and spastics	75	— children	29
— home nursing cases	42	— infant deaths	11, 12
— B.C.G. vaccination of	57	Immunisation—antigens	49
Civil Defence	52	— Diphtheria	44
Clinics—ante-natal and post-natal	27	— Tetanus	48
— birth control	26	— Whooping cough	45
— venereal diseases	22	Infantile mortality	11, 12, 19, 20, 98
Cod liver oil	31	— rates	11, 12, 19, 20, 98
Committees—Health	7, 10	Infectious diseases	21, 101, 103, 104, 105
— Sub-	7, 10	Infective and parasitic diseases	99, 100, 104, 105
— Tuberculosis Voluntary Care	59	Influenza	15, 99, 100, 101
— Welfare	10, 74	Injectons for home nursing cases	41
Comparable rates—births	12, 98	Inspection and supervision of food	75
— deaths	14, 98	Institutional confinements	23, 33, 36, 102
Confinements	33, 36, 102		
Congenital malformations	13, 99, 100	Leukaemia	19, 99, 100
Consultant Chest Physician—Report of	56	Library service for tuberculous persons	59
Convalescence scheme	64	Lichfield Diocesan Association	29
Coombs tests	35, 102	Live births	11, 12, 23, 35, 98
Coronary disease, angina	15, 99, 100	Local Government Act, 1933: Section 111	97
County Districts—area	9, 98	Local Government Act, 1958	86, 87
— medical officers of health	9, 97	Lunacy and Mental Treatment Acts, 1890–1930	67
— population	9, 11, 98	Lung cancer	17, 18, 19, 99, 100
Crude rates—births	11, 19, 98		
— deaths	11, 14, 19, 98	Malaria	101
		Malignant neoplasms	17, 99, 100, 104, 105
Day nurseries—registration of	73	Mantoux tests	58
Death-rates	11, 14, 19, 20, 98	Marie Curie Memorial Foundation	63
Deaths	11, 12, 14, 16, 98, 99, 100	Mass miniature radiography	56, 58
— age groups	16, 100	Maternal mortality	11, 14
— causes of	15, 99, 100	Maternity cases—admissions to hospital	36
— infant	11, 12, 98	Maternity medical services	33, 34
— maternal	11, 14, 99, 100	Maternity outfits	36
— neo-natal	11, 14, 19, 98	Measles	22, 99, 100, 101
— perinatal	11, 14	Medical Officers of Health	8, 9, 97
Dental care of mothers and young children	30	Medical Practitioners (Fees) Regulations, 1948	36
Diabetes	15, 39, 99, 100, 104, 105	Meningococcal infections	13, 99, 100, 101
Diocesan Associations	29	Mental defectives—short term care	69
Diphtheria	22, 99, 100, 101	Mental Deficiency Acts	68
— immunisation	44	Mental Health Act, 1959	70
District Medical Officers of Health	8, 9, 97	Mental Health Service	66
District training scheme	31		
Domestic Help Service	58, 64		
Domiciliary confinements	23, 33, 36, 102		
Drainage and sewerage	85, 87		
Duly Authorised Officers	67		
Dysentery	22, 101		

	Page		Page
Midwifery Service	32, 102	Sampling—foods and drugs	75
Midwives—confinements attended by	33, 34, 102	— milk	75, 80
— housing of	32	— sewage effluents	95
— transport for	32	Sanitary circumstances of the County	83
— notice of intention to practise as	32	Sanitary districts	9, 97
— relief arrangements	35	Scarlet fever	22, 101
Milk—adulteration of	75	School children—B.C.G. vaccination of	57
— average composition of	77	Severn River Board	95
— in schools	80	Sewage disposal	85, 87
— licences	81	— effluents	95
— sampling	75, 80	Sewerage schemes	87
— testing	75	Shelters	58
— tuberculous	80	Shelton Hospital	68
Milk (Special Designation) (Pasteurised and Steri- lised Milk) Regulations, 1949–1953	81	Shropshire Society for mentally handicapped children	72
Milk (Special Designations) (Specified Areas) Orders, 1956–57	82	Smallpox—notifications	22
Mixed appointments	9, 97	— vaccination against	43
Moral Welfare Associations	29	Spastics and epileptics	75
Mother and baby homes	29	Specified areas	82
Mothers and young children—care of	23	St. Martin's Home, Hereford	29
Motor transport—Ambulance service	52	Staff	8, 31, 37, 67
— nurses and midwives	31, 52	Statistics—vital	10, 98–100
Motor vehicle accidents	15, 99, 100	— tables	97–106
Myford House, Horsehay	29	Sterilised milk	81
		Stillbirths	11, 12, 19, 21, 98
		Suicide	15, 99, 100
National Assistance Acts, 1948–59	10, 74	Sutton Lodge, Shrewsbury	69
National Coal Board	52	Syphilitic disease—deaths	99, 100
National dried milk	31	— tests for	34
National statistics	19	— treatment of	22
Neo-natal mortality	11, 14, 19, 98		
Neoplasms—malignant	15, 99, 100, 104, 105	Tetanus—immunisation against	48
Nephritis and nephrosis	15, 99, 100	Toxaemia of pregnancy	36
Night helps	62	Training—Ambulance Service	52
Non-respiratory tuberculosis 16, 19, 21, 58, 99, 100, 101		— District Nurses	32
Notifications—births	23	— Health Visitors	37
— infectious diseases	21, 101	— Mental Health	67
— intention to practise	32	Training Centres	69, 71
— by midwives	33	Transferable births	23
N.S.P.C.C.	62	Transport	31, 52
Nurseries and Child Minders Regulation Act, 1948	73	Treatments of home nursing cases	41, 103–105
Nursing areas	35, 102, 103	Trilene—administration of	33, 35, 102
— relief arrangements	35	Tuberculosis—care and after-care	54
Nursing equipment—loan of	63	— care committee	59
Nursing homes—registration	73	— death-rates	16, 19
Nursing staff and services	31, 37, 102, 103	— deaths	16, 21, 58, 99, 100
		— library service	59
Occupations of home nursing cases	40	— notifications	16, 21, 58, 101
Ophthalmia neonatorum	35, 101	— registers of cases	58
Orange juice	31	— vaccination against	57
Orthodontics	30		
		Ulcer of stomach and duodenum	99, 100
Parity in domiciliary confinements	35	Unmarried mothers and their children	29
Partially-sighted persons	74	Urethritis—non-gonococcal	22
Pasteurised milk licences	82		
Perinatal mortality	11	Vaccination—smallpox	43
Pethidine	33, 35, 102	— poliomyelitis	49
Phenylketonuria	26	— tuberculosis	57
Pneumonia	15, 99, 100, 101	Vascular lesions of nervous system 15, 99, 100, 104, 105	
Poliomyelitis	21, 49, 99, 100, 101	Vehicles	31, 52
Population—Administrative County	9, 10, 11, 97	Venereal Diseases	22
— County Districts	9, 11, 97	Violence—deaths from	99, 100
Post-natal clinics	28	Vital statistics	10, 98–100
Pre-eclamptic toxæmia	36	Vitamin A and D tablets	31
Pregnancy, childbirth and abortion—deaths	11, 14, 99, 100	Voluntary organisations 26, 29, 31, 53, 59, 62, 63, 64, 72	
Prematurity	13, 24, 35, 42		
Prevention of break-up of families	62	Wassermann and Kahn tests	34, 102
— illness, care and after-care	54	Water supplies	84, 86
Propaganda—health	59	Welfare centres	27
Prosecutions—food and drugs	76, 78, 79	Welfare foods	31
Puerperal pyrexia	35, 101	Welfare services	74
		Whooping cough—deaths	46, 47, 99, 100
		— immunisation	46
Radiography	56, 58	— notifications	22, 46, 101
Radio-telephony	51	— special survey	47
Rail transport	52	Women's Voluntary Services	31, 53, 64
Rateable value	10		
Refuse collection	86	Younghusband Report	38
Regional Ambulance competitions	52		
Registration—blindness	74		
— day nurseries and daily minders	73		
— nursing homes	73		
Respiratory diseases	15, 99, 100, 104, 105		
Respiratory tuberculosis—death rates	16, 19		
— deaths	16, 21, 58, 99, 100		
— notifications	16, 21, 101		
— register of cases	58		
Rhesus factor	34, 102		
Rural Water Supplies and Sewerage Acts, 1944–55	86, 87		